

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		Total pages filed: 22	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Ms. Antonielle R.		OFFICE USE ONLY		Date Received
	NICKNAME LAST SUFFIX "Toni" Moorhouse				
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4126 Valley Field San Antonio, Tx. 78222		Date Hand-delivered or Date Postmarked		Receipt # Amount
			Date Processed		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Ms. Theodora		Date Imaged		Amount
	NICKNAME LAST SUFFIX "Teddy" Hummel		Date Processed		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 510 Fay San Antonio, Tx. 78211				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 923-7196				
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 05/19/01 07/13/01				
10 ELECTION	ELECTION DATE Month Day Year 05/29/01		ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) City Council Dist. 3		12 OFFICE SOUGHT (if known)		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **				
	Name				
	Address / PO Box; Apt. / Suite #; City; State; Zip Code				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Antoinette "Toni" Moorhouse

15 ACCOUNT # (Ethics Commission files)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ —

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 20,275.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

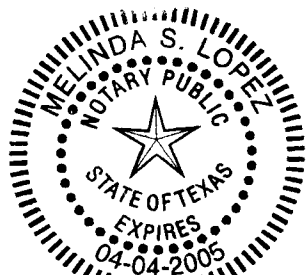
4. TOTAL POLITICAL EXPENDITURES (↑ Incl in
this total; plz see details)

\$ 17,886.65

OUTSTANDING
LOAN TOTALS5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Antoinette "Toni" Moorhouse
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said

Antoinette "Toni" Moorhouse

16th

of July 20 01, to certify which, witness my hand and seal of office.

Melinda S. Lopez
Signature of officer administering oath

Melinda S. Lopez
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

1 of 9

2 FILER NAME

Antoinette "Toni" Monhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/14

5 Full name of contributor

Michael Kovak

☐ out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

6318 Brook Falls

7 Amount of contribution (\$)

\$250.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

05/18

Full name of contributor

Ken Wiley

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

311 S. St. Mary's 10m (78205)

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

05/14

Full name of contributor

John A. White Jr.

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

P.O. Box 791000 - SAT 78279

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

05/07

Full name of contributor

Sylvia Chapa Koch

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

P.O. Box 680511 - SAT 78268

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

05/11

Full name of contributor

Leo C. Hearn

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

512 Ridgement - SAT 78209

Amount of contribution (\$)

300.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

39

2 of 9

2 FILER NAME

Antoinette "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/09

5 Full name of contributor

☐ out-of-state PAC (ID#)

Glenn Turpin

6 Contributor address; City; State; Zip Code

456 Newkirk Ave - SAT 78211

7 Amount of contribution (\$)

200⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

05/14

Full name of contributor

☐ out-of-state PAC (ID#)

Michael Beldon

Contributor address; City; State; Zip Code

P.O. Box 13380 - SAT 78213

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

05/15

Full name of contributor

☐ out-of-state PAC (ID#)

Abel Godinas

Contributor address; City; State; Zip Code

4820 Bacon Rd. - SAT 78249

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

05/15

Full name of contributor

☐ out-of-state PAC (ID#)

Matthew Ratan

Contributor address; City; State; Zip Code

341 Westminster House, Tx. 78204

Amount of contribution (\$)

1000⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

05/16

Full name of contributor

☐ out-of-state PAC (ID#)

Bert Cerconi

Contributor address; City; State; Zip Code

3017 Charter Crest - SAT 78230

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

3 ACCOUNT # (Ethics Commission filers)

2 FILER NAME

Antionette "Toni" Moorhouse

4 Date

05/16

5 Full name of contributor

Lloyd Denton

6 Contributor address; City; State; Zip Code

7979 Broadway #101-SAT 78209

7 Amount of contribution (\$)

500⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

05/18

Full name of contributor

Gene Powell

Contributor address; City; State; Zip Code

11 Lynn Batts Lane #100 SAT 78218

Amount of contribution (\$)

1000⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

05/18

Full name of contributor

CWA-COPE PAC

Contributor address; City; State; Zip Code

501-3rd St., NW - Washington DC 20001

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

05/20

Full name of contributor

Burton Rose Gonzales

Contributor address; City; State; Zip Code

816 Camaron, #209-SAT 78212

Amount of contribution (\$)

125⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

05/22

Full name of contributor

Ironworkers State Cope Fund

Contributor address; City; State; Zip Code

1106 Lavaca, Ste. 201-Austin 78701

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 9

2 FILER NAME

Antionette "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/22

5 Full name of contributor

☐ out-of-state PAC (ID#)

NCH Elite Energy Eff.

6 Contributor address; City; State; Zip Code

1202 Hallmark, #301-SAT 78216

7 Amount of contribution (\$)

(See →)

8 In-kind contribution description (if applicable)

\$1,000⁰⁰ for Advertising S.S. Reporter

9 Principal occupation (Optional)

10 Employer (Optional)

Date

05/24

Full name of contributor

☐ out-of-state PAC (ID#)

Jackson Prop. Mgmt.

Contributor address; City; State; Zip Code

119 Jackson Keller-SAT 78216

Amount of contribution (\$)

1,500⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

05/24

Full name of contributor

☐ out-of-state PAC (ID#)

Kenneth Thomas

Contributor address; City; State; Zip Code

8302 Countryside-SAT 78209

Amount of contribution (\$)

200⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

05/25

Full name of contributor

☐ out-of-state PAC (ID#)

Politico

Contributor address; City; State; Zip Code

503 Fresno-SAT 78212

Amount of contribution (\$)

1,500⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

05/25

Full name of contributor

☐ out-of-state PAC (ID#)

Jerry J. Beauchamp

Contributor address; City; State; Zip Code

403 S.W. White #280-SAT 78219

Amount of contribution (\$)

150⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS HH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1. Total pages this Schedule A1:

2001 1211A 5 of 9

2 FILER NAME

Antionette "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/26

5 Full name of contributor

☐ out-of-state PAC (ID#:

Dan Anderson

6 Contributor address; City; State; Zip Code

3803 Skylark-SAT 78210

7 Amount of contribution (\$)

100⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

05/25

Full name of contributor

☐ out-of-state PAC (ID#:

Harry Siskind

Contributor address; City; State; Zip Code

202 Bluff Hollow-SAT 78216

Amount of contribution (\$)

1000⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

05/29

Full name of contributor

☐ out-of-state PAC (ID#:

Gordon Hartman

Contributor address; City; State; Zip Code

8100 Broadway #200-SAT 78209

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

05/31

Full name of contributor

☐ out-of-state PAC (ID#:

Janelle McArthur

Contributor address; City; State; Zip Code

5680 Prue Rd.-SAT 78240

Amount of contribution (\$)

150⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/06

Full name of contributor

☐ out-of-state PAC (ID#:

Frank Sepulveda

Contributor address; City; State; Zip Code

211 Mecca Dr.-SAT 78232

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

9:40

6 of 9

2 FILER NAME

Antoinette "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

06/06

5 Full name of contributor

☐ out-of-state PAC (ID#)

Lawrence Linnartz

6 Contributor address; City; State; Zip Code

739 Sweetbrush - SAT 78258

7 Amount of contribution (\$)

250⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

06/07

Full name of contributor

☐ out-of-state PAC (ID#)

Jane Macon

Contributor address; City; State; Zip Code

300 Convent #2000 - SAT 78205

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/07

Full name of contributor

☐ out-of-state PAC (ID#)

Jimmy Jimenez

Contributor address; City; State; Zip Code

4026 Glen Rock - SAT 78240

Amount of contribution (\$)

300⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/07

Full name of contributor

☐ out-of-state PAC (ID#)

G. Hasslocher

Contributor address; City; State; Zip Code

8520 Crownhill - SAT 78209

Amount of contribution (\$)

1,000⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/07

Full name of contributor

☐ out-of-state PAC (ID#)

James Hasslocher

Contributor address; City; State; Zip Code

129 Hoskin - SAT 78209

Amount of contribution (\$)

1,000⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

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2 FILER NAME

Antionette "Timi" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

06/08

5 Full name of contributor

☐ out-of-state PAC (ID#:

Clifford Morton

6 Contributor address; City; State; Zip Code

1919 Oakwell Farms SAT 78218

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

06/08

Full name of contributor

☐ out-of-state PAC (ID#:

Ralph Hernandez

Contributor address; City; State; Zip Code

1902 S. Hackberry - SAT 78210

Amount of contribution (\$)

750.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/08

Full name of contributor

☐ out-of-state PAC (ID#:

Jane Macon

Contributor address; City; State; Zip Code

300 Convent #2200 - SAT 78205

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/15

Full name of contributor

☐ out-of-state PAC (ID#:

Bernye Frazier

Contributor address; City; State; Zip Code

911 Haltown - SAT 78213

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/18

Full name of contributor

☐ out-of-state PAC (ID#:

Jimmy Jimenez

Contributor address; City; State; Zip Code

4026 Glen Rock - SAT 78240

Amount of contribution (\$)

300.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

8 of 9

2 FILER NAME

Antoinette He. "Toni" Moorhouse

3 - ACCOUNT # (Ethics Commission filers)

4 Date

06/18

5 Full name of contributor

☐ out-of-state PAC (ID#)

Ramiro Valadez, Jr.

6 Contributor address; City; State; Zip Code

POB240520 - SAT 78224

7 Amount of contribution (\$)

300⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

06/18

Full name of contributor

☐ out-of-state PAC (ID#)

Ruben Cortez

Contributor address; City; State; Zip Code

336 E. Quill - SAT 78228

Amount of contribution (\$)

750⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/18

Full name of contributor

☐ out-of-state PAC (ID#)

Brian Weiner

Contributor address; City; State; Zip Code

PO, Box 7608 - SAT 78207

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/22

Full name of contributor

☐ out-of-state PAC (ID#)

Frank Sepulveda

Contributor address; City; State; Zip Code

211 Mecca Dr. - SAT 78232

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

07/06

Full name of contributor

☐ out-of-state PAC (ID#)

G-SAB-SABPAC

Contributor address; City; State; Zip Code

8925 IH10 West - SAT 78230

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 9 of 9

2 FILER NAME

Antoinette "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

940

4 Date

07/09

5 Full name of contributor

John P. Rogers

☐ out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

2 Enchanted Wood - SAT 78248

7 Amount of contribution (\$)

250⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

07/09

Full name of contributor

John Connell

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

3311 Falling Brook - SAT 78258

Amount of contribution (\$)

300⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

07/09

Full name of contributor

Wayne Horwell

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

PO Box 17065 - SAT 78217

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



PLEDGED CONTRIBUTIONS**SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages, this Schedule B1:

7 A 9:40

1 of 1

2 FILER NAME

Antoinette "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

6 Full name of pledgor

☐ out-of-state PAC (ID#: _____)8 Amount of
pledge (\$)9 In-kind description
(if applicable)

7 Pledgor address; City; State; Zip Code

10 Principal occupation (optional)

11 Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

3 ACCOUNT # (Ethics Commission filers)

2 FILER NAME

Antionette "Toni" Moorhouse

4

TOTAL OF UNITEMIZED LOANS:

\$

5 Date of loan

7 Name of lender

☐ out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

6 Is lender a financial Institution?

Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Description of Collateral

☐ none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

☐ not applicable

15 Guarantor address; City; State; Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial Institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 6

2 FILER NAME

Antoinette "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/21

5 Payee name

U.S.P.O.

6 Payee address; City; State; Zip Code

Hackberry Sta. - 78210

7 Amount (\$)

\$22.07

8 Purpose of payment (See instructions regarding type of information required.)

Postage Stamps

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

05/09

Payee name

Office Max

Payee address; City; State; Zip Code

East Basse - SAT 78209

Amount (\$)

\$126.45

Purpose of payment (See instructions regarding type of information required.)

Toner/Paper/Labels/Asst. Supp.

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

05/20

Payee name

G.O.T.V.

Payee address; City; State; Zip Code

Dist. 3

Amount (\$)

581.00

Purpose of payment (See instructions regarding type of information required.)

Bikewalkers/Listing Avail

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

05/20

Payee name

S.W. Bell

Payee address; City; State; Zip Code

Hous., Tx.

Amount (\$)

308.86

Purpose of payment (See instructions regarding type of information required.)

Tele Serv.

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 of 6

2 FILER NAME

Antonio He "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

G.O.T.V.

7 Amount (\$)

05/22

6 Payee address; City; State; Zip Code

Dist. 3

\$700⁰⁰

8 Purpose of payment (See instructions regarding type of information required.)

Bikewalkers - Listing Avail.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

G.O.T.V.

Amount (\$)

05/24

Payee address; City; State; Zip Code

Dist. 3

700⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Bikewalkers / Listing Avail.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Southside Reporter

Amount (\$)

05/21

Payee address; City; State; Zip Code

S.A., Tx 78210

371⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Adv.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Flying Times

Amount (\$)

05/22

Payee address; City; State; Zip Code

S.A., Tx

102⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Adv.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 3 of 6

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

05/23

Verizon

6 Payee address; City; State; Zip Code

San Antonio

137.22

8 Purpose of payment (See instructions regarding type of information required.)

Cell Phone Bill

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

05/23

C.P.S.

Payee address; City; State; Zip Code

S.A., Tx.

67.00

Purpose of payment (See instructions regarding type of information required.)

Util.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

05/24

G.O.T.V.

Payee address; City; State; Zip Code

Dist. 3

200.00

Purpose of payment (See instructions regarding type of information required.)

Bikewalkers-List Avail.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

05/26

G.O.T.V.

Payee address; City; State; Zip Code

Dist. 3

200.00

Purpose of payment (See instructions regarding type of information required.)

Bikewalkers-List Avail.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

9:40

4 of 6

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7

Amount
(\$)

05/25

Ideas Unlimited

6 Payee address; City; State; Zip Code

5213 Bandera Rd. - SAT 78238

188.09

8 Purpose of payment (See instructions regarding type of information required.)

Signs/T-Shirts

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

05/24

Frank's Sports

Payee address; City; State; Zip Code

5110 So. Presa - SAT 78223

250.00

Purpose of payment (See instructions regarding type of information required.)

Caps/Shirts

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

05/17

Flying Times

Payee address; City; State; Zip Code

S. A., Tx. 78223

102.00

Purpose of payment (See instructions regarding type of information required.)

Advert.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

5/29

Laura Cabanilla

Payee address; City; State; Zip Code

S. A., Tx. 78210

700.00

Purpose of payment (See instructions regarding type of information required.)

Camp. Off. Mgr.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

5 of 6

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

06/02

Space Savers

6 Payee address; City; State; Zip Code

Goliad Rd - SAT 78223

76.23

8 Purpose of payment (See instructions regarding type of information required.)

Storage Rental

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

07/06

Space Savers

Payee address; City; State; Zip Code

Goliad Rd - SAT 78223

76.23

Purpose of payment (See instructions regarding type of information required.)

Storage Rental

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

05/29

G.O. T.V.

Payee address; City; State; Zip Code

Dist. 3

1400.00

Purpose of payment (See instructions regarding type of information required.)

Bikewhkers - list Avail.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

05/29

Budget Rentals

Payee address; City; State; Zip Code

S.A., Tx 78217

890.00

Purpose of payment (See instructions regarding type of information required.)

2 ea Vans - E Day

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F:

6 of 6

2 FILER NAME

Antionette "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/23

5 Payee name

Message Audience Pres.

6 Payee address; City; State; Zip Code

Austin, Tx.

7 Amount (\$)

5,000⁰⁰

8 Purpose of payment (See instructions regarding type of information required.)

Turnkey for ~~DOOR HANGERS~~
Door Hangers, etc

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

06/23

Payee name

Message Audience Pres.

Payee address; City; State; Zip Code

Austin, Tx.

Amount (\$)

2,300⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Turnkey for Mailout

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 1 of 1

2 FILER NAME

Antoinette "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Antoinette Moorhouse

8 Amount (\$)

6 Payee address;

City; State; Zip Code

4126 Valleyfield - SAT 78222

1,150.78

7 Purpose of expenditure (See instructions regarding type of information required.)

Misc Expenses under \$500 Listing Avail.

☒ Reimbursement from political contributions intended

Date

Payee name

Antoinette Moorhouse

Amount (\$)

Payee address;

City; State; Zip Code

4126 Valleyfield - SAT 78222

400

Purpose of expenditure (See instructions regarding type of information required.)

E-Day (Food/Misc Exp./Poll Wkrs)

☒ Reimbursement from political contributions intended

Date

Payee name

Harold Fears

Amount (\$)

Payee address;

City; State; Zip Code

SAT 78210

1637.79

Purpose of expenditure (See instructions regarding type of information required.)

Misc Labor/Mtls/Repairs-Hdq/Signs/Homes

☒ Reimbursement from political contributions intended

Date

Payee name

Payee address;

City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address;

City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH****SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H: 1081

2 FILER NAME

Antoinette "Toni" Markhouse

3 ACCOUNT # (Ethics Commission filers)

A 9:40

4 Date

5 Business name

7 Amount (\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

SCHEDULE I

Total pages Schedule I:

ED NAME Antonie He "Toni" Maas House

3 ACCOUNT # (Ethics Commission filers)

4	Date	5	Payee name	8	Amount (\$)
		6	Payee address; City; State; Zip Code		
		7	Purpose of expenditure (See instructions regarding type of information required.)		
	Date		Payee name		Amount (\$)
			Payee address; City; State; Zip Code		
			Purpose of expenditure (See instructions regarding type of information required.)		
	Date		Payee name		Amount (\$)
			Payee address; City; State; Zip Code		
			Purpose of expenditure (See instructions regarding type of information required.)		
	Date		Payee name		Amount (\$)
			Payee address; City; State; Zip Code		
			Purpose of expenditure (See instructions regarding type of information required.)		
	Date		Payee name		Amount (\$)
			Payee address; City; State; Zip Code		
			Purpose of expenditure (See instructions regarding type of information required.)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

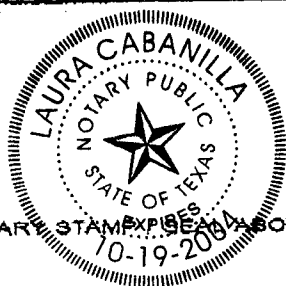
See backside for instructions

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

2001 MAY 24

4:31

1 ACCOUNT #	2 Total pages filed:												
3 CANDIDATE / OFFICEHOLDER NAME	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">TITLE <i>Ms. Antoniette</i></td> <td style="width: 33%;">FIRST <i>Modhouse</i></td> <td style="width: 33%;">MI</td> </tr> <tr> <td>NICKNAME <i>"Toni"</i></td> <td>LAST</td> <td>SUFFIX</td> </tr> </table>	TITLE <i>Ms. Antoniette</i>	FIRST <i>Modhouse</i>	MI	NICKNAME <i>"Toni"</i>	LAST	SUFFIX						
TITLE <i>Ms. Antoniette</i>	FIRST <i>Modhouse</i>	MI											
NICKNAME <i>"Toni"</i>	LAST	SUFFIX											
4 ORIGINAL REPORT TYPE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other (specify)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> 15th day after treasurer appointment (officeholder only)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Final report</td> <td></td> </tr> </table>	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report	
<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)											
<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit												
<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)												
<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report												
5 ORIGINAL PERIOD COVERED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td colspan="3"><i>05 / 01 / 01</i></td> <td colspan="3">THROUGH <i>05 / 18 / 01</i></td> </tr> </table>	Month	Day	Year	Month	Day	Year	<i>05 / 01 / 01</i>			THROUGH <i>05 / 18 / 01</i>		
Month	Day	Year	Month	Day	Year								
<i>05 / 01 / 01</i>			THROUGH <i>05 / 18 / 01</i>										
6 EXPLANATION OF CORRECTION	<i>I didn't have total amounts for expenditures & contributions.</i>												

7 AFFIDAVIT

AFFIX NOTARY STAMP EXPIRES ABOVE

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.

Antoniette L. Modhouse
Signature of Candidate or Officeholder

Sworn to and subscribed before me by *Antoniette "Toni" Modhouse* this the *24* day of *May*, 20 *01*.

to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**



Printed on recycled paper

(Revised 08/11/2000)

TOTAL P.03

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED
CITY CLERK
FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers) 2001

2 Total pages filed: 31
MAY 24 P 4:31

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
Ms. Antoniette R.
NICKNAME LAST SUFFIX
"Toni" Moorhouse

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
4126 Vallego Field - SAT 78222

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
Ms. Theodora
NICKNAME LAST SUFFIX
"Teddy" Hummel

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
510 Fay - S. A., Tx. 78211

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(210) 923-7196

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☒ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☒ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year Month Day Year
05/01/01 THROUGH 05/18/01

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
05/29/01
☐ Primary ☒ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

City Council Dist. 3

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

N/A

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH

 RECEIVED
 COVER SHEET PG 2
 CITY OF SAN ANTONIO
 CITY CLERK

14 C/OH NAME

Antoniette "Toni" Moorhouse

15 ACCOUNT # (Ethics Commission filers)

2001 MAY 24 P 4:31

16 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

20,290⁰⁹

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

1,896⁴³

4. TOTAL POLITICAL EXPENDITURES

\$

21223⁷²

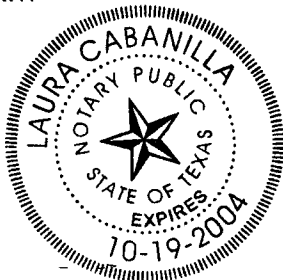
OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

- 0 -

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Antoniette Moorhouse

Signature of Candidate or Officeholder

 Sworn to and subscribed before me, by the said Antoniette, this the May day of 24, 20 01, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Laura Cabanilla

Printed name of officer administering oath

Notary

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH/SS, SC-C/OH,
SC-SPAC, SPAC & SPAC-SS)

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

1-2001 MAY 24 P 4: 32

2 FILER NAME

Antionette "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/4/01

5 Full name of contributor

☐ out-of-state PAC (ID#)

Will Richardson

6 Contributor address; City; State; Zip Code

PO Box 27127 SA, TX 78755

7 Amount of contribution (\$)

\$ 100.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

04/18/01

Full name of contributor

☐ out-of-state PAC (ID#)

Robert & Janelle Burnett

Contributor address; City; State; Zip Code

1923 Steves Ave SA, TX 78210

Amount of contribution (\$)

\$ 50.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

05/14/01

Full name of contributor

☐ out-of-state PAC (ID#)

SA Realtors PAC Non-Corporate

Contributor address; City; State; Zip Code

9110 IH 10 W SA, TX 78230

Amount of contribution (\$)

\$ 750.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

05/19/01

Full name of contributor

☐ out-of-state PAC (ID#)

Frank & Laura Wing

Contributor address; City; State; Zip Code

222 Laclede SA, TX 78214

Amount of contribution (\$)

\$ 500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

05/19/01

Full name of contributor

☐ out-of-state PAC (ID#)

SA Fire Fighters PAC

Contributor address; City; State; Zip Code

735 W. Magnolia SA, TX 78212

Amount of contribution (\$)

\$ 1,000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2001 MAY 24 4:32

2 FILER NAME

Antionette "Ton" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/27/01

5 Full name of contributor

Jasso, Patricia

☐ out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

326 Anton SA, TX 78223

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4/6/01

Full name of contributor

GS Hicks

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

315 Ware SA, TX 78221

Amount of contribution (\$)

35.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/16/01

Full name of contributor

AFSCME - AFL CIO

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

1625 25th NW Washington D.C.

Amount of contribution (\$)

2000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

05/16/01

Full name of contributor

Paula Massengale

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

1131 Bailey Ave SA, TX 78210

Amount of contribution (\$)

15.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/15/01

Full name of contributor

Stephen & Laura Davis

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

11434 Whisper Dawn SA, TX 78230

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

RECEIVED
CITY OF SAN ANTONIO
3-7
2001 MAY 24 P 11:32

1 Total pages in Schedule A1:

2 FILER NAME

Antoinette "Toni" Moorhouse

2001 MAY 24 P 11:32

4 Date

4/30/01

5 Full name of contributor

☐ out-of-state PAC (ID#)

Laborers' Political League Edu Fund

6 Contributor address; City; State; Zip Code

905 16th St NW Washington DC 20004

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

5/14/01

Full name of contributor

☐ out-of-state PAC (ID#)

GSABA - SABPAC

Contributor address; City; State; Zip Code

8925 H1012 SA, TX 78230

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/14/01

Full name of contributor

☐ out-of-state PAC (ID#)

Emilio & Becky Silvestri

Contributor address; City; State; Zip Code

8214 Summit Place SA, TX 78071

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/15/01

Full name of contributor

☐ out-of-state PAC (ID#)

John & Carolin Connell

Contributor address; City; State; Zip Code

3311 Falling Brook SA, TX 78258

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/16/01

Full name of contributor

☐ out-of-state PAC (ID#)

Adalberto & Alicia Camanillo

Contributor address; City; State; Zip Code

236 Rolling View Dr. SA, TX 78006

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SS, SPAC, & SPAC-SS)

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CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

201 MAY 24 4:32
2 ACCOUNT # (Ethics Commission filers)

2 FILER NAME

Anteniette "Toni" Moorhouse

4 Date

5/14/01

5 Full name of contributor

☐ out-of-state PAC (ID#)

Manuel & Nancy Villa

6 Contributor address; City; State; Zip Code

335 E. Terra Alta

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

5/14/01

Full name of contributor

☐ out-of-state PAC (ID#)

Everitt & Dennis Walker

Contributor address; City; State; Zip Code

444 Cove Bluff SA, TX 78214

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/14/01

Full name of contributor

☐ out-of-state PAC (ID#)

Far West Development

Contributor address; City; State; Zip Code

3030 NE Loop 46 SA, TX 78218

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/8/01

Full name of contributor

☐ out-of-state PAC (ID#)

Robert & Janellie Barnett

Contributor address; City; State; Zip Code

1923 Stens Ave SA, TX 78210

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/9/01

Full name of contributor

☐ out-of-state PAC (ID#)

Lawrence Rono

Contributor address; City; State; Zip Code

2906 Wood Knoll SA, TX 78251

Amount of contribution (\$)

70.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

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The INSTRUCTION GUIDE explains how to complete this form.

4 Total pages this Schedule A1:

2 FILER NAME

2001 MAY 24 5-7
ACCOUNT # (Ethics Commission filers)

Antionette "Toni" Marchouse

4 Date

5/4/01

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

SA Fire Fighters PAC

6 Contributor address; City; State; Zip Code

735 W Magnolia SA, TX 78212

7 Amount of contribution (\$)

300.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

5/3/01

Full name of contributor

☐ out-of-state PAC (ID# _____)

Alex & Lillian Micheli

Contributor address; City; State; Zip Code

1114 E. Highland Blvd SA, TX 78210

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/23/01

Full name of contributor

☐ out-of-state PAC (ID# _____)

AFSCME - AFL CIO

Contributor address; City; State; Zip Code

1625 Lst. NW Washington DC 20006

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/1/01

Full name of contributor

☐ out-of-state PAC (ID# _____)

Committee on Political Education Alliance

Contributor address; City; State; Zip Code

815 16th St. NW Washington, DC 20006

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/2/01

Full name of contributor

☐ out-of-state PAC (ID# _____)

AFSCME - AFL-CIO

Contributor address; City; State; Zip Code

1625 Lst NW Washington DC 20006

Amount of contribution (\$)

300.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

RECEIVED FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

Antionette "Toni" Maxhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/16/01

5 Full name of contributor

☐ out-of-state PAC (ID#)

Brad & Lauren Davis

6 Contributor address; City; State; Zip Code

11434 Whisper Dawn SA, TX 78230

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

5/18/01

Full name of contributor

☐ out-of-state PAC (ID#)

Wayne & Cynthia Harrell

Contributor address; City; State; Zip Code

PO Box 17065 SA, TX 78217

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/11/01

Full name of contributor

☐ out-of-state PAC (ID#)

Sister S & Pete Rad

Contributor address; City; State; Zip Code

403 Madison SA, TX 78204

Amount of contribution (\$)

300.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/6/01

Full name of contributor

☐ out-of-state PAC (ID#)

Mary Jane Hobbins

Contributor address; City; State; Zip Code

5302 Borders SA, TX 78219

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/10/01

Full name of contributor

☐ out-of-state PAC (ID#)

18EW - Cope

Contributor address; City; State; Zip Code

1125 15th St. NW Washington

Amount of contribution (\$)

750.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

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CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2001 MAY 24 PM 4:32

2 FILER NAME

Antoinette "Ton" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/10/01

5 Full name of contributor

☐ out-of-state PAC (ID#)

Pea International

6 Contributor address; City; State; Zip Code

1313 L Street NW Washington DC 20005

7 Amount of contribution (\$)

5000.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

05/05/01

Full name of contributor

☐ out-of-state PAC (ID#)

Waste Management

Contributor address; City; State; Zip Code

Atlanta, Ga.

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

05/05/01

Full name of contributor

☐ out-of-state PAC (ID#)

Mary Esquivel

Contributor address; City; State; Zip Code

S.A., Tx. 78221

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

05/05/01

Full name of contributor

☐ out-of-state PAC (ID#)

T.C. Calvert

Contributor address; City; State; Zip Code

S.A., Tx.

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



PLEDGED CONTRIBUTIONS**SCHEDULE B1**

RECEIVED
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CITY CLERK
(FOR FORMS: NOLIS, SC/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1: 1

2 FILER NAME

Antionette "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

6 Full name of pledgor

☐ out-of-state PAC (ID#: _____)8 Amount of
pledge (\$)9 In-kind description
(if applicable)

7 Pledgor address; City; State; Zip Code

10 Principal occupation (optional)

11 Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

1 Total pages Schedule E:

2001 MAY 24 10:41 AM

3 ACCOUNT # (Ethics Commission filers)

2 FILER NAME

Antionette "Toni" Moorhouse

4

TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

7 Name of lender

☐ out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

6 Is lender a
financial institution?

Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Description of Collateral

☐ none13 GUARANTOR
INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

☐ not applicable

15 Guarantor address; City; State; Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a
financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

☐ noneGUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

RECEIVED
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CITY CLERK

1 Total pages Schedule F: 3

2001 MAY 21 10:32 AM

3 ACCOUNT # (Ethics Commission filers)

2 FILER NAME

Antionette "Toni" Moorhouse

4 Date

05/01

5 Payee name

Leroy Alex

6 Payee address; City; State; Zip Code

123 Golriad Rd. - SAT 78223

7 Amount (\$)

\$250.00

8 Purpose of payment (See instructions regarding type of information required.)

Rent

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

05/01

Payee name

Southside Reporter

Payee address; City; State; Zip Code

Hackberry - SAT 78210

Amount (\$)

\$1,137.25

Purpose of payment (See instructions regarding type of information required.)

Adv.

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

05/02

Payee name

Ideas Unlimited

Payee address; City; State; Zip Code

Bandera Rd. - SAT 78238

Amount (\$)

\$791.69

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

05/02

Payee name

Office Max

Payee address; City; State; Zip Code

Basse Rd. - SAT 78217

Amount (\$)

\$431.50

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURESRECEIVED
CITY OF SAN ANTONIO
CITY CLERK
SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2001 MAY 24 P 4 32
2 of 9

2 FILER NAME <i>Antionette "Toni" Moorhouse</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>05/05</i>	5 Payee name <i>Office Max</i> 6 Payee address; City; State; Zip Code <i>Basse Rd. - SAT 78217</i>	7 Amount (\$) <i>\$ 581.00</i>
8 Purpose of payment (See instructions regarding type of information required.)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>05/06</i>	Payee name <i>U.S. Post Office</i> Payee address; City; State; Zip Code <i>Airport Sta. - SAT 78217</i>	Amount (\$) <i>\$ 102.00</i>
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>05/09</i>	Payee name <i>S.W. Bell Tele.</i> Payee address; City; State; Zip Code <i>Hous., Tx.</i>	Amount (\$) <i>\$ 350.00</i>
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>05/14</i>	Payee name <i>C.P.S.</i> Payee address; City; State; Zip Code <i>S.A., Tx.</i>	Amount (\$) <i>\$ 70.00</i>
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2001 MAY 23 8:32

3 ACCOUNT # (Ethics Commission filers)

2 FILER NAME

Antoinette "Toni" Moorhouse

4 Date

05/14

5 Payee name

Voxi7on

6 Payee address; City; State; Zip Code

Concord Square - SAT

7 Amount (\$)

\$160.00

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

05/15

Payee name

Southside Rep.

Payee address; City; State; Zip Code

Hackberry - SAT 78210

Amount (\$)

\$371.00

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

05/12

Payee name

U.S. Post Office

Payee address; City; State; Zip Code

Clark Ave. - SAT 78223

Amount (\$)

\$346.00

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

05/11

Payee name

Munguia Printers

Payee address; City; State; Zip Code

Buena Vista - SAT 78207

Amount (\$)

\$224.00

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

Total Pages Schedule F: 9

2 FILER NAME

Antionette "Toni" Moorhouse

2001 MAY 31

ACCOUNT # (EYES Commission filers)

4 Date

05/16

5 Payee name

K.L. Inc.

6 Payee address; City; State; Zip Code

S.A., Tx.

7 Amount (\$)

\$ 250.00

8 Purpose of payment (See instructions regarding type of information required.)

Labels

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

05/17

Payee name

Flying Times

Payee address; City; State; Zip Code

S.A., Tx.

Amount (\$)

\$ 102.00

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

05/16

Payee name

Kevin Lopez

Payee address; City; State; Zip Code

San Antonio, Tx.

Amount (\$)

\$ 1,500.00

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

05/19

Payee name

Alto Jalisco de Guadalajara

Payee address; City; State; Zip Code

E. Southcross - SAT 78222

Amount (\$)

\$ 45.00

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 9

2001 MAY 24 5:40 PM '99

3 ACCOUNT # (Ethics Commission filers)

2 FILER NAME

Antionette "Toni" Moorhouse

4 Date

05/20

5 Payee name

Alto Jalisco de Guadalajara

6 Payee address; City; State; Zip Code

E. Southcross - SAT 78222

7 Amount (\$)

\$ 47¹¹/₁₆

8 Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/20

Payee name

~~U.S. P.O. / H.E.B.~~

Payee address; City; State; Zip Code

Fair Ave. - SAT 78223

Amount (\$)

\$ 340⁰⁰/₁₀₀

Purpose of payment (See instructions regarding type of information required.)

US Post, Stamps

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/21

Payee name

Message Audience Presentations

Payee address; City; State; Zip Code

Austin, Tx

Amount (\$)

\$ 4,000⁰⁰/₁₀₀

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/10

Payee name

Elec. Supp. Svcs.

Payee address; City; State; Zip Code

Military Dr. - West - SAT 78242

Amount (\$)

\$ 137²²/₁₀₀

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:
2001 MAY 26 PM 3:33

2 FILER NAME

Antionette "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

04/30

5 Payee name

G.O.T.V.

6 Payee address; City; State; Zip Code

"Dist. 3"

7 Amount (\$)

\$656.00

8 Purpose of payment (See instructions regarding type of information required.)

Block Walkers-listing Avail.

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

05/01

Payee name

G.O.T.V.

Payee address; City; State; Zip Code

"Dist. 3"

Amount (\$)

\$570.00

Purpose of payment (See instructions regarding type of information required.)

Block Walkers-listing Avail.

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

05/02

Payee name

G.O.T.V.

Payee address; City; State; Zip Code

"Dist. 3"

Amount (\$)

\$268.00

Purpose of payment (See instructions regarding type of information required.)

Block Walkers-listing Avail.

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

05/03

Payee name

G.O.T.V.

Payee address; City; State; Zip Code

"Dist. 3"

Amount (\$)

\$268.00

Purpose of payment (See instructions regarding type of information required.)

Blkwalkers-list. Avail.

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 9

2001 MAY 24 7:04 PM

3 ACCOUNT # (Ethics Commission filers)

2 FILER NAME

Antionette "Toni" Moorhouse

4 Date

05/04

5 Payee name

G.O.T.V.

6 Payee address; City; State; Zip Code

"Dist. 3"

7 Amount (\$)

\$460.00

8 Purpose of payment (See instructions regarding type of information required.)

Bikewalkers/Listing Avail.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/05

Payee name

E-Day G.O.T.V.

Payee address; City; State; Zip Code

"Dist. 3"

Amount (\$)

\$656.00

Purpose of payment (See instructions regarding type of information required.)

Bikewalkers/Listing Avail.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/05

Payee name

St. Stephens Episcopal

Payee address; City; State; Zip Code

So. New Braunfels - SAT 78223

Amount (\$)

\$130.50

Purpose of payment (See instructions regarding type of information required.)

Plate lunches for
Poll Workers

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/05

Payee name

Ruben's Tamates

Payee address; City; State; Zip Code

Rigsby - SAT

Amount (\$)

\$70.00

Purpose of payment (See instructions regarding type of information required.)

E-Day Celebration

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 33

2 FILER NAME

Antionette "Toni" Manhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/05

5 Payee name

Snoga's

6 Payee address; City; State; Zip Code

Goliad Rd. - SAT 78223

7 Amount (\$)

\$ 83.00

8 Purpose of payment (See instructions regarding type of information required.)

Food (Rice & Beans)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/05

Payee name

Alto Jalisco de Guadalajara

Payee address; City; State; Zip Code

E. Southcross - SAT 78222

Amount (\$)

\$ 50.00

Purpose of payment (See instructions regarding type of information required.)

Brkfast Tacos

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/05

Payee name

Chicho Boys

Payee address; City; State; Zip Code

Produce Row - SAT 78205

Amount (\$)

\$ 27.00

Purpose of payment (See instructions regarding type of information required.)

Fruit (Breakfast & Snacks)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/18/01

Payee name

Lynn Tejeda

Payee address; City; State; Zip Code

7119 Symphony SA, TX 78220

Amount (\$)

\$ 1550.00

Purpose of payment (See instructions regarding type of information required.)

Rock walking

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2001 MAY 24 P 4:43 of 9

2 FILER NAME

Antoniette "Toni" Monhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

5/18/01

Angie Beltran

6 Payee address;

City, State, Zip Code

459 E. Mitchell, SA, TX

\$1700.00

8 Purpose of payment (See instructions regarding type of information required.)

Blockwalking

9

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

5/18/01

Candie Beltran

Payee address;

City, State, Zip Code

459 E. Mitchell, SA, TX

\$1750.00

Purpose of payment (See instructions regarding type of information required.)

Blockwalking

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

5/17/01

Rueben Rodriguez

Payee address;

City, State, Zip Code

San Antonio, TX

\$1750.00

Purpose of payment (See instructions regarding type of information required.)

Blockwalking (at Block)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address;

City, State, Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**RECEIVED SCHEDULE G
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2001 MAY 24 P 4: 133 of 1

2 FILER NAME

Antionette "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/01-
05/18

5 Payee name

Antionette Moorhouse

6 Payee address; City; State; Zip Code

S.A., Tx. 78222

8 Amount (\$)

\$1,896.43

7 Purpose of expenditure (See instructions regarding type of information required.)

Misc Exp/Food/Supplies/etc.

☒ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH****SCHEDULE H**RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H: 1 of 1

2 FILER NAME

Antoinette "Toni" Maerhouse

2001 MAY 24 P 4:33 PM
3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount
(\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

3 ACCOUNT # (Ethics Commission filers)

2 FILENAME

NAME Antoinette "Toni" Macchouse

4 Date

5 Payee name

8	Amount (\$)
---	----------------

6 Payee address; City; State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)

Date _____

Payee name

Amount
(\$)

Payee address;	City;	State;	Zip Code
----------------	-------	--------	----------

Purpose of expenditure (See instructions regarding type of information required.)

Date _____

Payee name

Amount
(\$)

Payee address;	City;	State;	Zip Code
-----------------------	--------------	---------------	-----------------

Purpose of expenditure (See instructions regarding type of information required.)

Date _____

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date _____

Payee name

Amount
(\$)

~~Payee address;~~ City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

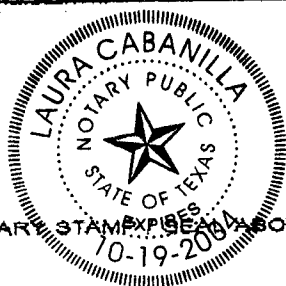
See backside for instructions

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

2001 MAY 24

4:31

1 ACCOUNT # _____	2 Total pages filed: _____								
3 CANDIDATE / OFFICEHOLDER NAME TITLE <u>Ms. Antoniette</u> NICKNAME <u>"Toni"</u> LAST <u>Modchase</u> MI _____ SUFFIX _____	OFFICE USE ONLY Date Received _____ Date Hand-delivered or Date Postmarked _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Receipt # _____</td> <td style="width: 50%;">Amount _____</td> </tr> <tr> <td>Legal _____</td> <td>Totals _____</td> </tr> <tr> <td colspan="2">Date Processed _____</td> </tr> <tr> <td colspan="2">Date Imaged _____</td> </tr> </table>	Receipt # _____	Amount _____	Legal _____	Totals _____	Date Processed _____		Date Imaged _____	
Receipt # _____	Amount _____								
Legal _____	Totals _____								
Date Processed _____									
Date Imaged _____									
4 ORIGINAL REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> Final report	5 ORIGINAL PERIOD COVERED Month Day Year Month Day Year <u>05 / 01 / 01</u> THROUGH <u>05 / 18 / 01</u>								
6 EXPLANATION OF CORRECTION <u>I didn't have total amounts for expenditures & contributions.</u>									

7 AFFIDAVIT

AFFIX NOTARY STAMP EXPIRES ABOVE

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.

Antoniette L. Modchase
 Signature of Candidate or Officeholder

Sworn to and subscribed before me by Antoniette "Toni" Modchase this the 24 day of May, 2001.

to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**



Printed on recycled paper

(Revised 08/11/2000)

TOTAL P.03

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED
CITY CLERK
FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers) 2001

2 Total pages filed: 31
MAY 24 P 4: 31

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
Ms. Antoniette R.
NICKNAME LAST SUFFIX
"Toni" Moorhouse

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
4126 Vallegfield - SAT 78222

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
Ms. Theodora
NICKNAME LAST SUFFIX
"Teddy" Hummel

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
510 Fay - S. A., Tx. 78211

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(210) 923-7196

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☒ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☒ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year Month Day Year
05/01/01 THROUGH 05/18/01

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
05/29/01
☐ Primary ☒ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

City Council Dist. 3

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
COVER SHEET PG 2

14 C/OH NAME

Antionette "Toni" Moorhouse

15 ACCOUNT # (Ethics Commission filers)

2001 MAY 24 P 4:31

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

20,290⁰⁹EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

1,896⁴³

4. TOTAL POLITICAL EXPENDITURES

\$

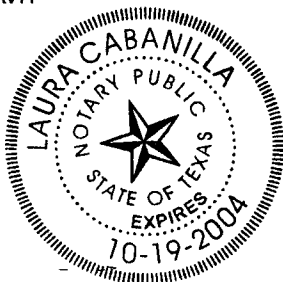
21223⁷²OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

- 0 -

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Antionette Moorhouse
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Antionette, this the May day of 24, 20 01, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Laura Cabanilla
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH/SS, SC-C/OH,
SC-SPAC, SPAC & SPAC-SS)

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

1-2001 MAY 24 P 4: 32

2 FILER NAME

Antionette "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/4/01

5 Full name of contributor

☐ out-of-state PAC (ID#)

Will Richardson

6 Contributor address; City; State; Zip Code

PO Box 27127 SA, TX 78755

7 Amount of contribution (\$)

\$ 100.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

04/18/01

Full name of contributor

☐ out-of-state PAC (ID#)

Robert & Janelle Burnett

Contributor address; City; State; Zip Code

1923 Steves Ave SA, TX 78210

Amount of contribution (\$)

\$ 50.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

05/14/01

Full name of contributor

☐ out-of-state PAC (ID#)

SA Realtors PAC Non-Corporate

Contributor address; City; State; Zip Code

9110 IH 10 W SA, TX 78230

Amount of contribution (\$)

\$ 750.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

05/19/01

Full name of contributor

☐ out-of-state PAC (ID#)

Frank & Laura Wing

Contributor address; City; State; Zip Code

222 Laclede SA, TX 78214

Amount of contribution (\$)

\$ 500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

05/19/01

Full name of contributor

☐ out-of-state PAC (ID#)

SA Fire Fighters PAC

Contributor address; City; State; Zip Code

735 W. Magnolia SA, TX 78212

Amount of contribution (\$)

\$ 1,000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2001 MAY 24 4:32

2 FILER NAME

Antionette "Ton" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/27/01

5 Full name of contributor

Jasso, Patricia

☐ out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

326 Anton SA, TX 78223

7 Amount of contribution (\$)

100.⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4/6/01

Full name of contributor

GS Hicks

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

315 Ware SA, TX 78221

Amount of contribution (\$)

35.⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/16/01

Full name of contributor

AFSCME - AFL CIO

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

1625 25th NW Washington D.C.

Amount of contribution (\$)

2000.⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

05/16/01

Full name of contributor

Paula Massengale

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

1131 Bailey Ave SA, TX 78210

Amount of contribution (\$)

15.⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/15/01

Full name of contributor

Stephen & Laura Davis

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

11434 Whisper Dawn SA, TX 78230

Amount of contribution (\$)

1000.⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages in Schedule A1:

2 FILER NAME

Antionette "Toni" Moorhouse

2003 MAY 24 P.E. 32

4 Date

4/30/01

5 Full name of contributor

☐ out-of-state PAC (ID#)

Laborers' Political League Edu Fund

6 Contributor address; City; State; Zip Code

905 16th St NW Washington DC 20004

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

5/14/01

Full name of contributor

☐ out-of-state PAC (ID#)

GSABA - SABPAC

Contributor address; City; State; Zip Code

8925 H1012 SA, TX 78230

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/14/01

Full name of contributor

☐ out-of-state PAC (ID#)

Emilio & Becky Silvestri

Contributor address; City; State; Zip Code

8214 Summit Place SA, TX 79071

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/15/01

Full name of contributor

☐ out-of-state PAC (ID#)

John & Carolin Connell

Contributor address; City; State; Zip Code

3311 Falling Brook SA, TX 78258

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/16/01

Full name of contributor

☐ out-of-state PAC (ID#)

Adalberto & Alicia Camanillo

Contributor address; City; State; Zip Code

236 Rolling View Dr. SA, TX 78006

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SS, SPAC, & SPAC-SS)

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

201 MAY 24 4:32
2 ACCOUNT # (Ethics Commission filers)

2 FILER NAME

Antoinette "Toni" Moorhouse

4 Date

5/14/01

5 Full name of contributor

☐ out-of-state PAC (ID#)

Manuel & Nancy Villa

6 Contributor address; City; State; Zip Code

335 E. Terra Alta

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

5/14/01

Full name of contributor

☐ out-of-state PAC (ID#)

Everitt & Dennis Walker

Contributor address; City; State; Zip Code

444 Cove Bluff SA, TX 78214

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/14/01

Full name of contributor

☐ out-of-state PAC (ID#)

Far West Development

Contributor address; City; State; Zip Code

3030 NE Loop 46 SA, TX 78218

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/8/01

Full name of contributor

☐ out-of-state PAC (ID#)

Robert & Janellie Barnett

Contributor address; City; State; Zip Code

1923 Stens Ave SA, TX 78210

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/9/01

Full name of contributor

☐ out-of-state PAC (ID#)

Lawrence Rono

Contributor address; City; State; Zip Code

2906 Wood Knoll SA, TX 78251

Amount of contribution (\$)

70.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

RECEIVED
CITY OF SAN ANTONIO

The INSTRUCTION GUIDE explains how to complete this form.

4 Total pages this Schedule A1:

2 FILER NAME

2001 MAY 24 5-7
ACCOUNT # (Ethics Commission filers)

Antionette "Toni" Marchese

4 Date

5/4/01

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

SA Fire Fighters PAC

6 Contributor address; City; State; Zip Code

735 W Magnolia SA, TX 78212

7 Amount of contribution (\$)

300.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

5/3/01

Full name of contributor

☐ out-of-state PAC (ID# _____)

Alex & Lillian Micheli

Contributor address; City; State; Zip Code

1114 E. Highland Blvd SA, TX 78210

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/23/01

Full name of contributor

☐ out-of-state PAC (ID# _____)

AFSCME - AFL CIO

Contributor address; City; State; Zip Code

1625 Lst. NW Washington DC 20006

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/1/01

Full name of contributor

☐ out-of-state PAC (ID# _____)

Committee on Political Education Alliance

Contributor address; City; State; Zip Code

815 16th St. NW Washington, DC 20006

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/2/01

Full name of contributor

☐ out-of-state PAC (ID# _____)

AFSCME - AFL-CIO

Contributor address; City; State; Zip Code

1625 Lst NW Washington DC 20006

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

RECEIVED FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

Antionette "Toni" Maxhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/16/01

5 Full name of contributor

☐ out-of-state PAC (ID#)

Brad & Lauren Davis

6 Contributor address; City; State; Zip Code

11434 Whisper Dawn SA, TX 78230

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

5/18/01

Full name of contributor

☐ out-of-state PAC (ID#)

Wayne & Cynthia Harrell

Contributor address; City; State; Zip Code

PO Box 17065 SA, TX 78217

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/11/01

Full name of contributor

☐ out-of-state PAC (ID#)

Sister S & Pete Rad

Contributor address; City; State; Zip Code

403 Madison SA, TX 78204

Amount of contribution (\$)

300.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/6/01

Full name of contributor

☐ out-of-state PAC (ID#)

Mary Jane Hobbins

Contributor address; City; State; Zip Code

5302 Borders SA, TX 78219

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/10/01

Full name of contributor

☐ out-of-state PAC (ID#)

18EW - Cope

Contributor address; City; State; Zip Code

1125 15th St. NW Washington

Amount of contribution (\$)

750.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2001 MAY 24 PM 4:32

2 FILER NAME

Antoinette "Ton" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/10/01

5 Full name of contributor

☐ out-of-state PAC (ID#)

Pea International

6 Contributor address; City; State; Zip Code

1313 L Street NW Washington DC 20005

7 Amount of contribution (\$)

5000.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

05/05/01

Full name of contributor

☐ out-of-state PAC (ID#)

Waste Management

Contributor address; City; State; Zip Code

Atlanta, Ga.

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

05/05/01

Full name of contributor

☐ out-of-state PAC (ID#)

Mary Esquivel

Contributor address; City; State; Zip Code

S.A., Tx. 78221

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

05/05/01

Full name of contributor

☐ out-of-state PAC (ID#)

T.C. Calvert

Contributor address; City; State; Zip Code

S.A., Tx.

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



PLEDGED CONTRIBUTIONS**SCHEDULE B1**

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
(FOR FORMS FOR SC/JOH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1: 1

2 FILER NAME

Antionette "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

6 Full name of pledgor

☐ out-of-state PAC (ID#: _____)8 Amount of
pledge (\$)9 In-kind description
(if applicable)

7 Pledgor address; City; State; Zip Code

10 Principal occupation (optional)

11 Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

1 Total pages Schedule E:

2001 MAY 24 10:41 AM

3 ACCOUNT # (Ethics Commission filers)

2 FILER NAME

Antionette "Toni" Moorhouse

4

TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

7 Name of lender

☐ out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

6 Is lender a
financial institution?

Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Description of Collateral

☐ none13 GUARANTOR
INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

☐ not applicable

15 Guarantor address; City; State; Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a
financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

☐ noneGUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

1 Total pages Schedule F: 3

2001 MAY 21 10:32 AM

3 ACCOUNT # (Ethics Commission filers)

2 FILER NAME

Antionette "Toni" Moorhouse

4 Date

05/01

5 Payee name

Leroy Alex

6 Payee address; City; State; Zip Code

123 Golriad Rd. - SAT 78223

7 Amount (\$)

\$250.00

8 Purpose of payment (See instructions regarding type of information required.)

Rent

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

05/01

Payee name

Southside Reporter

Payee address; City; State; Zip Code

Hackberry - SAT 78210

Amount (\$)

\$1,137.25

Purpose of payment (See instructions regarding type of information required.)

Adv.

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

05/02

Payee name

Ideas Unlimited

Payee address; City; State; Zip Code

Bandera Rd. - SAT 78238

Amount (\$)

\$791.69

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

05/02

Payee name

Office Max

Payee address; City; State; Zip Code

Basse Rd. - SAT 78217

Amount (\$)

\$431.50

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURESRECEIVED
CITY OF SAN ANTONIO
CITY CLERK
SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2001 MAY 24 P 4 32
2 of 9

2 FILER NAME <i>Antionette "Toni" Moorhouse</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>05/05</i>	5 Payee name <i>Office Max</i> 6 Payee address; City; State; Zip Code <i>Basse Rd. - SAT 78217</i>	7 Amount (\$) <i>\$ 581.00</i>
8 Purpose of payment (See instructions regarding type of information required.)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>05/06</i>	Payee name <i>U.S. Post Office</i> Payee address; City; State; Zip Code <i>Airport Sta. - SAT 78217</i>	Amount (\$) <i>\$ 102.00</i>
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>05/09</i>	Payee name <i>S.W. Bell Tele.</i> Payee address; City; State; Zip Code <i>Hous., Tx.</i>	Amount (\$) <i>\$ 350.00</i>
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>05/14</i>	Payee name <i>C.P.S.</i> Payee address; City; State; Zip Code <i>S.A., Tx.</i>	Amount (\$) <i>\$ 70.00</i>
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2001 MAY 23 8:32

3 ACCOUNT # (Ethics Commission filers)

2 FILER NAME

Antoinette "Toni" Moorhouse

4 Date

05/14

5 Payee name

Voxi7on

6 Payee address; City; State; Zip Code

Concord Square - SAT

7 Amount (\$)

\$160.00

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

05/15

Payee name

Southside Rep.

Payee address; City; State; Zip Code

Hackberry - SAT 78210

Amount (\$)

\$371.00

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

05/12

Payee name

U.S. Post Office

Payee address; City; State; Zip Code

Clark Ave. - SAT 78223

Amount (\$)

\$346.00

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

05/11

Payee name

Munguia Printers

Payee address; City; State; Zip Code

Buena Vista - SAT 78207

Amount (\$)

\$224.00

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

Total Pages Schedule F: 9

2 FILER NAME

Antoinette "Toni" Moorhouse

2001 MAY 31

ACCOUNT # (EYES Commission filers)

4 Date

05/16

5 Payee name

K.L. Inc.

6 Payee address; City; State; Zip Code

S.A., Tx.

7 Amount (\$)

\$ 250.00

8 Purpose of payment (See instructions regarding type of information required.)

Labels

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

05/17

Payee name

Flying Times

Payee address; City; State; Zip Code

S.A., Tx.

Amount (\$)

\$ 102.00

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

05/16

Payee name

Kevin Lopez

Payee address; City; State; Zip Code

San Antonio, Tx.

Amount (\$)

\$ 1,500.00

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

05/19

Payee name

Alto Jalisco de Guadalajara

Payee address; City; State; Zip Code

E. Southcross - SAT 78222

Amount (\$)

\$ 45.00

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 9

2001 MAY 24 5:40 PM '99

3 ACCOUNT # (Ethics Commission filers)

2 FILER NAME

Antionette "Toni" Moorhouse

4 Date

05/20

5 Payee name

Alto Jalisco de Guadalajara

6 Payee address; City; State; Zip Code

E. Southcross - SAT 78222

7 Amount (\$)

\$ 47¹¹/₁₆

8 Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/20

Payee name

~~U.S. P.O. / H.E.B.~~

Payee address; City; State; Zip Code

Fair Ave. - SAT 78223

Amount (\$)

\$ 340⁰⁰/₁₀₀

Purpose of payment (See instructions regarding type of information required.)

US Post, Stamps

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/21

Payee name

Message Audience Presentations

Payee address; City; State; Zip Code

Austin, Tx

Amount (\$)

\$ 4,000⁰⁰/₁₀₀

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/10

Payee name

Elec. Supp. Svcs.

Payee address; City; State; Zip Code

Military Dr. - West - SAT 78242

Amount (\$)

\$ 137²²/₁₀₀

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:
2001 MAY 26 PM 3:33

2 FILER NAME

Antionette "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

04/30

5 Payee name

G.O.T.V.

6 Payee address; City; State; Zip Code

"Dist. 3"

7 Amount (\$)

\$656.00

8 Purpose of payment (See instructions regarding type of information required.)

Block Walkers-listing Avail.

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

05/01

Payee name

G.O.T.V.

Payee address; City; State; Zip Code

"Dist. 3"

Amount (\$)

\$570.00

Purpose of payment (See instructions regarding type of information required.)

Block Walkers-listing Avail.

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

05/02

Payee name

G.O.T.V.

Payee address; City; State; Zip Code

"Dist. 3"

Amount (\$)

\$268.00

Purpose of payment (See instructions regarding type of information required.)

Block Walkers-listing Avail.

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

05/03

Payee name

G.O.T.V.

Payee address; City; State; Zip Code

"Dist. 3"

Amount (\$)

\$268.00

Purpose of payment (See instructions regarding type of information required.)

Blkwalkers-list. Avail.

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 9

2001 MAY 24 7:04 PM

3 ACCOUNT # (Ethics Commission filers)

2 FILER NAME

Antionette "Toni" Moorhouse

4 Date

05/04

5 Payee name

G.O.T.V.

6 Payee address; City; State; Zip Code

"Dist. 3"

7 Amount (\$)

\$460.00

8 Purpose of payment (See instructions regarding type of information required.)

Bikwilers/Listing Avail.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/05

Payee name

E-Day G.O.T.V.

Payee address; City; State; Zip Code

"Dist. 3"

Amount (\$)

\$656.00

Purpose of payment (See instructions regarding type of information required.)

Bikwilers/Listing Avail.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/05

Payee name

St. Stephens Episcopal

Payee address; City; State; Zip Code

So. New Braunfels - SAT 78223

Amount (\$)

\$130.50

Purpose of payment (See instructions regarding type of information required.)

Plate lunches for
Poll Workers

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/05

Payee name

Ruben's Tamates

Payee address; City; State; Zip Code

Rigsby - SAT

Amount (\$)

\$70.00

Purpose of payment (See instructions regarding type of information required.)

E-Day Celebration

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

RECEIVED SCHEDULE F
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 33

2 FILER NAME

Antionette "Toni" Manhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/05

5 Payee name

Snoga's

6 Payee address; City; State; Zip Code

Goliad Rd. - SAT 78223

7 Amount (\$)

\$ 83.00

8 Purpose of payment (See instructions regarding type of information required.)

Food (Rice & Beans)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/05

Payee name

Alto Jalisco de Guadalajara

Payee address; City; State; Zip Code

E. Southcross - SAT 78222

Amount (\$)

\$ 50.00

Purpose of payment (See instructions regarding type of information required.)

Brkfast Tacos

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/05

Payee name

Chicho Boys

Payee address; City; State; Zip Code

Produce Row - SAT 78205

Amount (\$)

\$ 27.00

Purpose of payment (See instructions regarding type of information required.)

Fruit (Breakfast & Snacks)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/18/01

Payee name

Lynn Tejeda

Payee address; City; State; Zip Code

7119 Symphony SA, TX 78220

Amount (\$)

\$ 1550.00

Purpose of payment (See instructions regarding type of information required.)

Rock walking

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2001 MAY 24 P 4:43 of 9

2 FILER NAME

Antoniette "Toni" Monhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

5/18/01

Angie Beltran

6 Payee address; City; State; Zip Code

459 E. Mitchell, SA, TX

\$1700.00

8 Purpose of payment (See instructions regarding type of information required.)

Blockwalking

9

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

5/18/01

Candie Beltran

Payee address; City; State; Zip Code

459 E. Mitchell, SA, TX

\$1750.00

Purpose of payment (See instructions regarding type of information required.)

Blockwalking

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

5/17/01

Rueben Rodriguez

Payee address; City; State; Zip Code

San Antonio, TX

\$1750.00

Purpose of payment (See instructions regarding type of information required.)

Blockwalking (W. St. Block)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**RECEIVED SCHEDULE G
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2001 MAY 24 P 4: 133 of 1

2 FILER NAME

Antionette "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/01-
05/18

5 Payee name

Antionette Moorhouse

6 Payee address; City; State; Zip Code

S.A., Tx. 78222

8 Amount (\$)

\$1,896.43

7 Purpose of expenditure (See instructions regarding type of information required.)

Misc Exp/Food/Supplies/etc.

☒ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

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**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH****SCHEDULE H**RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H: 1 of 1

2 FILER NAME

Antoinette "Toni" Maerhouse

2001 MAY 24 P 4:33 PM
3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount
(\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

3 ACCOUNT # (Ethics Commission filers)

2 FILENAME

NAME Antoinette "Toni" Maerhouse

4 Date

5 Payee name

8	Amount (\$)
---	----------------

6 Payee address; City; State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)

Date _____

Payee name

Amount
(\$)

Payee address;	City;	State;	Zip Code
----------------	-------	--------	----------

Purpose of expenditure (See instructions regarding type of information required.)

Date _____

Payee name

Amount
(\$)

Payee address;	City;	State;	Zip Code
-----------------------	--------------	---------------	-----------------

Purpose of expenditure (See instructions regarding type of information required.)

Date _____

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date _____

Payee name

Amount
(\$)

Payee address;	City; State; Zip Code
-----------------------	------------------------------

Purpose of expenditure (See instructions regarding type of information required.)

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

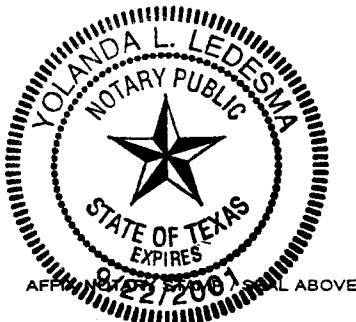
The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 2
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Ms. Antonielle R.		OFFICE USE ONLY Date Received 2001 MAR 21 P 4:52 CITY OF SAN ANTONIO CLERK
	NICKNAME LAST SUFFIX "Toni" Moorhouse		
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4126 Valleyfield - SAT 78222		Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Ms. Theodora		Receipt #
	NICKNAME LAST SUFFIX "Teddy" Hummel		Date Processed Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 510 Fay - SAT 78211		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 923-7196		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 05/01/01 05/18/01		
10 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special 05/29/01		
11 OFFICE	OFFICE HELD (if any) N/A	12 OFFICE SOUGHT (if known) City Council Dist. 3	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name _____ Address / PO Box; Apt. / Suite #; City; State; Zip Code _____		
	GO TO PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME <u>Antonielle "Toni" Moorhouse</u>		15 ACCOUNT # (Ethics Commission files)	
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 NO REPORTABLE ACTIVITY		<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)	
18 CONTRIBUTION TOTALS EXPENDITURE TOTALS OUTSTANDING LOAN TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ - 9
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ - 9
	3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ - 9
	4.	TOTAL POLITICAL EXPENDITURES	\$ - 9
	5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 9

19 AFFIDAVIT



AFFIDAVIT TO BE SIGNED ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Antonielle "Toni" Moorhouse
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Antonielle "Toni" Moorhouse, this the 21st day of May, 20 01, to certify which, witness my hand and seal of office.

Yolanda L. Ledesma YOLANDA L. LEDESMA Asst City Clerk
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

FORM C/OH
R SHEET PG 1

Revised 05/11/2000

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH

 COVER SHEET PG 2
 RECEIVED
 CITY OF SAN ANTONIO
 CITY CLERK

14 C/OH NAME

Antionette "Toni" Moorhouse

15 ACCOUNT # (Ethics Commission files)

2001 APR 30 A 9:27

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION
TOTALS
 Incl. 3 Fundraisers - Plate Sales (3500 plates)
 TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 4,084.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 12,240.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 1,159.37

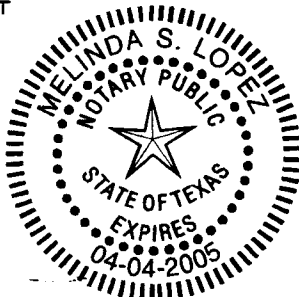
4. TOTAL POLITICAL EXPENDITURES

\$ 10,337.45

OUTSTANDING
LOAN TOTALS5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ - 0 -

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

 Antionette "Toni" Moorhouse
 Signature of Candidate or Officeholder

 Sworn to and subscribed before me, by the said Antionette "Toni" Moorhouse, this the 30th day of April, 2001, to certify which, witness my hand and seal of office.

Melinda S. Lopez

Signature of officer administering oath

Melinda S. Lopez

Printed name of officer administering oath

Notary

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 6

2 FILER NAME

Antionette "Toni" Moorhouse

2003 APR 30 A 8:27 AM

ACCOUNT # (Ethics Commission filers)

4 Date

04/04/01

5 Full name of contributor

☐ out-of-state PAC (ID#)

Harry & Penny Carr

6 Contributor address; City; State; Zip Code

4323 Treehouse - SAT 78222

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

04/04/01

Full name of contributor

☐ out-of-state PAC (ID#)

Check-Sid Aviation

Contributor address; City; State; Zip Code

8337 Mission Rd. - SAT 78214

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

04/01/01

Full name of contributor

☐ out-of-state PAC (ID#)

S.A. Pro R. F. F. P.A.C.

Contributor address; City; State; Zip Code

735 W. Magnolia - SAT 78212

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

04/04/01

Full name of contributor

☐ out-of-state PAC (ID#)

E. Hoch

Contributor address; City; State; Zip Code

606 Saipan - SAT 78221

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

04/12/01

Full name of contributor

☐ out-of-state PAC (ID#)

C. Elizondo

Contributor address; City; State; Zip Code

934 San Angelo - SAT 78201

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

3 ACCOUNT # (Ethics Commission filers)

2 FILER NAME

Antionette "Toni" Moorhouse

4 Date

04/10/01

5 Full name of contributor

☐ out-of-state PAC (ID#)

E. Schmucke

6 Contributor address; City; State; Zip Code

511 Avond - SAT-78210

7 Amount of contribution (\$)

\$209

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

04/12/01

Full name of contributor

☐ out-of-state PAC (ID#)

C. Elizondo - 26th Sem. Fund

Contributor address; City; State; Zip Code

934 San Angelo - SAT 78201

Amount of contribution (\$)

\$2509

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

04/12/01

Full name of contributor

☐ out-of-state PAC (ID#)

A.T.U. - COPE

Contributor address; City; State; Zip Code

5025 Wisconsin Ave. - Washington, D.C. 20016

Amount of contribution (\$)

\$30009

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

04/16/01

Full name of contributor

☐ out-of-state PAC (ID#)

S.A. Fire Fighters PAC

Contributor address; City; State; Zip Code

135 W. Magnolia - SAT 78212

Amount of contribution (\$)

\$50009

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

04/17/01

Full name of contributor

☐ out-of-state PAC (ID#)

Leonel Gomez

Contributor address; City; State; Zip Code

426 La Garde - SAT 78223

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

RECEIVED FOR FORMS C/OH, C/OH-SS, SC-C/OH,
CITY OF SAN ANTONIO SC-SPAC, SPAC, & SPAC-SS)
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2001 APR 30 A 9:27 3 of 6

2 FILER NAME

Antoinette "Toni" Manhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

04/17/01

5 Full name of contributor

☐ out-of-state PAC (ID#)

Alfred Rohde Jr.

6 Contributor address; City; State; Zip Code

9510 La Rue - SAT-78217

7 Amount of contribution (\$)

\$125.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

04/16/01

Full name of contributor

☐ out-of-state PAC (ID#)

Brad Davis

Contributor address; City; State; Zip Code

11434 Whisper Dawn - SAT 78230

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

04/18/01

Full name of contributor

☐ out-of-state PAC (ID#)

William Sinkin

Contributor address; City; State; Zip Code

1887 Broadway #706 - SAT 78209

Amount of contribution (\$)

\$70.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

04/19/01

Full name of contributor

☐ out-of-state PAC (ID#)

Gene Trevino

Contributor address; City; State; Zip Code

P.O.B 23403 - SAT 78223

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

04/19/01

Full name of contributor

☐ out-of-state PAC (ID#)

Bex-Her PAC

Contributor address; City; State; Zip Code

P.O. Box 15166 - SAT 78212

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2001 APR 30 A 9:24 0/6

2 FILER NAME

Antennette "Toni" Marmouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

04/19/01

5 Full name of contributor

☐ out-of-state PAC (ID#:

Joe J. Kratzer, Jr.

6 Contributor address; City; State; Zip Code

2104 Menton Dr. - Carrollton, Tx. 75006

7 Amount of contribution (\$)

\$125.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

04/19/01

Full name of contributor

☐ out-of-state PAC (ID#:

Mary E. K. Kratzer

Contributor address; City; State; Zip Code

2104 Menton Dr. - Carrollton, Tx. 75006

Amount of contribution (\$)

\$125.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

04/20/01

Full name of contributor

☐ out-of-state PAC (ID#:

S. E. I. U. - COPE

Contributor address; City; State; Zip Code

1313 L Street, N.W. - Washington, D.C. 20005

Amount of contribution (\$)

\$5000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

04/23/01

Full name of contributor

☐ out-of-state PAC (ID#:

S. A. Realtors - PAC

Contributor address; City; State; Zip Code

9110 IH10 West - SAT 78230

Amount of contribution (\$)

\$750.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

04/25/01

Full name of contributor

☐ out-of-state PAC (ID#:

James Willborn

Contributor address; City; State; Zip Code

13205 Union Creek - Manchaca, TX 78652

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

RECEIVED
CITY OF SAN ANTONIO

The INSTRUCTION GUIDE explains how to complete this form.

Total pages this Schedule A1: 5 of 6

2 FILER NAME

Antoinette "Tony" Moorhouse

4 Date

04/27/01

5 Full name of contributor

☐ out-of-state PAC (ID#)

CUATRO Construction, LLC

6 Contributor address; City; State; Zip Code

321 Corona - SAT 78209

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

04/11/01

Full name of contributor

☐ out-of-state PAC (ID#)

Berkley Dawson

Contributor address; City; State; Zip Code

P.O. Box 937 - SAT 78202

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

04/10/01

Full name of contributor

☐ out-of-state PAC (ID#)

Bennye Frazier

Contributor address; City; State; Zip Code

911 Heltown - SAT 78213

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

04/03/01

Full name of contributor

☐ out-of-state PAC (ID#)

Pat Frost

Contributor address; City; State; Zip Code

604 Garrahy Road - SAT 78209

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

04/06/01

Full name of contributor

☐ out-of-state PAC (ID#)

Martin L. Falls

Contributor address; City; State; Zip Code

4619 Aloha - SAT 78219

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

RECEIVED
CITY OF SAN ANTONIO

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages in this Schedule A1: 6 of 6

2 FILER NAME

Antoinette "Toni" Manhouse

2001

3 ACCOUNT # (Ethics Commission filers)

4 Date

04/02/01

5 Full name of contributor

☐ out-of-state PAC (ID#)

Cuitlahuac Garcia, MD.

6 Contributor address; City; State; Zip Code

4242 E. SoCross - SAT 78222

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

04/03/01

Full name of contributor

☐ out-of-state PAC (ID#)

Mr./Mrs. Joe Flores

Contributor address; City; State; Zip Code

3810 Skylark - SAT 78210

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

04/01/01

Full name of contributor

☐ out-of-state PAC (ID#)

Charles Amato

Contributor address; City; State; Zip Code

9311 San Pedro - SAT 78216

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

04/05/01

Full name of contributor

☐ out-of-state PAC (ID#)

Rick Wood

Contributor address; City; State; Zip Code

306 Hwy. 46 West - Boerne 78006

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

04/04/01

Full name of contributor

☐ out-of-state PAC (ID#)

Ruben Gervantes

Contributor address; City; State; Zip Code

203 Rio Seco - SAT 78232

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS**SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

CITY OF SAN ANTONIO

CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1: 1

2001 APR 30 A 4:28

3 ACCOUNT # (Ethics Commission filers)

2 FILER NAME

Antionette "Toni" Moorhouse

4 TOTAL OF UNITEMIZED PLEDGES:

\$

5 Date

6 Full name of pledgor

☐ out-of-state PAC (ID#:8 Amount of
pledge (\$)9 In-kind description
(if applicable)

7 Pledgor address; City; State; Zip Code

10 Principal occupation (optional)

11 Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



LOANSRECEIVED
CITY OF SAN ANTONIO
CITY CLERK**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR 30 4:28 PM
Total Pages: Schedule E:

1 of 1

2 FILER NAME

Antionette "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

7 Name of lender

☐ out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

6 Is lender a
financial institution?

8 Lender address; City; State; Zip Code

10 Interest rate

Y N

11 Maturity date

12 Description of Collateral

☐ none13 GUARANTOR
INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

☐ not applicable

15 Guarantor address; City; State; Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a
financial institution?

Lender address; City; State; Zip Code

Interest rate

Y N

Maturity date

Description of Collateral

☐ noneGUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2001 APR 30 A 9:28 07

3 ACCOUNT # (Ethics Commission filers)

2 FILER NAME

Antoinette "Toni" Marhouse

4 Date

04/02-

04/26/01

5 Payee name

J. Solis

6 Payee address; City; State; Zip Code

Garnett St. - S.A., Tx 78221

7 Amount (\$)

\$191.00

8 Purpose of payment (See instructions regarding type of information required.)

Blockwalking

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

04/02-

04/26/01

Payee name

J. Peña Sr.

Payee address; City; State; Zip Code

Zanzamora St. - SAT 78221

Amount (\$)

\$400.00

Purpose of payment (See instructions regarding type of information required.)

Blockwalking

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

04/02-

04/26/01

Payee name

J. Peña Jr.

Payee address; City; State; Zip Code

Zanzamora St. - SAT 78221

Amount (\$)

\$371.00

Purpose of payment (See instructions regarding type of information required.)

Blockwalking

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

04/02-

04/26/01

Payee name

C. Rendon

Payee address; City; State; Zip Code

Mitchell St. - SAT 78210

Amount (\$)

\$125.00

Purpose of payment (See instructions regarding type of information required.)

Blockwalking

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2001 APR 30 A 9:28 a / 7

3 ACCOUNT # (Ethics Commission filers)

2 FILER NAME

Antoinette "Toni" Moorhouse

4 Date

04/24-
04/26/01

5 Payee name

Russell DeHart

6 Payee address; City; State; Zip Code

Hidden Glen Wood - SAT 78239

7 Amount (\$)

\$ 84.00

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

04/24-
04/26/01

Payee name

Michael Flores

Payee address; City; State; Zip Code

Steres St. - SAT 78210

Amount (\$)

\$ 89.00

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

04/24-
04/26/01

Payee name

Beatrice Crawford

Payee address; City; State; Zip Code

Hicks St. - SAT 78210

Amount (\$)

\$ 112.00

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

04/24-
04/26/01

Payee name

Harold Jackson

Payee address; City; State; Zip Code

Hicks St. - SAT 78210

Amount (\$)

\$ 33.00

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

Total pages Schedule F: 7

2 FILER NAME

Antoinette "Toni" Marshouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

04/09/01

5 Payee name

U.S. Post Office

6 Payee address; City; State; Zip Code

Clark St. - SAT 78223

7 Amount (\$)

\$102.07

8 Purpose of payment (See instructions regarding type of information required.)

Stamps

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

04/09/01

Payee name

Verizon Wireless

Payee address; City; State; Zip Code

Rector St - SAT 78216

Amount (\$)

\$198.94

Purpose of payment (See instructions regarding type of information required.)

Cell Phone Bill

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

04/26/01

Payee name

S.W. Bell Tele.

Payee address; City; State; Zip Code

Houston, Tx.

Amount (\$)

\$361.75

Purpose of payment (See instructions regarding type of information required.)

Cell. Tele. Bill

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

04/05/01

Payee name

Ideas Unlimited

Payee address; City; State; Zip Code

Bondera Rd. - SAT 78238

Amount (\$)

\$498.34

Purpose of payment (See instructions regarding type of information required.)

Printing & Signs

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2001 APR 30 A 9 28 4 of 7

2 FILER NAME

Antoinette "Toni" Marshall

3 ACCOUNT # (Ethics Commission filers)

4 Date

04/09/01

5 Payee name

Elec. Support Svcs

6 Payee address; City; State; Zip Code

Mil Dr. West - SAT 78242

7 Amount (\$)

\$460.00

8 Purpose of payment (See instructions regarding type of information required.)

Lists

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

04/12/01

Payee name

Munguia Printers

Payee address; City; State; Zip Code

Buena Vista - SAT 78207

Amount (\$)

\$786.99

Purpose of payment (See instructions regarding type of information required.)

Printing

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

04/07/01

Payee name

Polish Amer. Center

Payee address; City; State; Zip Code

Mission Rd - SAT

Amount (\$)

\$350.00

Purpose of payment (See instructions regarding type of information required.)

Hall Rental

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

04/07/01

Payee name

Dali's Catering

Payee address; City; State; Zip Code

S.A. Tx. 78216

Amount (\$)

\$393.00

Purpose of payment (See instructions regarding type of information required.)

Rmex Foods

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

1 Total pages Schedule F: 5 of 7

2 FILER NAME

Antoinette "Toni" Moorhouse

2001 APR 30 4:28 PM

3 ACCOUNT # (Banks Commission filers)

4 Date

04/09/01

5 Payee name

La Prensa

6 Payee address; City; State; Zip Code

S.A., Tx. 78283

7 Amount (\$)

\$480.00

8 Purpose of payment (See instructions regarding type of information required.)

Pd. Adv.

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

04/09/01

Payee name

Flying Times

Payee address; City; State; Zip Code

S.A., Tx.

Amount (\$)

\$153.00

Purpose of payment (See instructions regarding type of information required.)

Pd. Adv.

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

04/22/01

Payee name

Flying Times

Payee address; City; State; Zip Code

S.A., Tx.

Amount (\$)

\$153.00

Purpose of payment (See instructions regarding type of information required.)

Pd. Adv.

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

04/11/01

Payee name

So Side Reporter

Payee address; City; State; Zip Code

Hackberry - SAT 78210

Amount (\$)

\$766.00

Purpose of payment (See instructions regarding type of information required.)

Pd. Adv.

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

RECEIVED SCHEDULE F
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR 30 A 9:28 6/7

Total pages Schedule F:

2 FILER NAME

Antoinette "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

04/02/01

5 Payee name

Robt. Schaffer

7 Amount (\$)

\$250.00

6 Payee address; City; State; Zip Code

California

8 Purpose of payment (See instructions regarding type of information required.)

April Rent (Office)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

04/12/01

Payee name

Ideas Unlimited

Amount (\$)

\$746.73

Payee address; City; State; Zip Code

Bandera Rd. - S A T

Purpose of payment (See instructions regarding type of information required.)

Signs & T-Shirts

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

04/17/01

Payee name

John Reynolds

Amount (\$)

\$1390.00

Payee address; City; State; Zip Code

S. A., Tx.

Purpose of payment (See instructions regarding type of information required.)

Mail Out

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

04/25/01

Payee name

Munguia Printers

Amount (\$)

\$145.63

Payee address; City; State; Zip Code

Buena Vista St. - S A., Tx.

Purpose of payment (See instructions regarding type of information required.)

Printing (Post Cards)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

RECEIVED SCHEDULE F
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR 30 A 4:48 PM
Total Pages Schedule F: 7

2 FILER NAME <i>Antoinette "Toni" Moorhouse</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>04/25/01</i>	5 Payee name <i>So Side Rep.</i> 6 Payee address; City; State; Zip Code <i>Hackberry - SAT 78210</i>	7 Amount (\$) <i>\$596.27</i>
8 Purpose of payment (See instructions regarding type of information required.)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>04/25/01</i>	Payee name <i>Ideas Unlimited</i> Payee address; City; State; Zip Code <i>Bandera Rd - SAT 78</i>	Amount (\$) <i>\$791.69</i>
Purpose of payment (See instructions regarding type of information required.) <i>Signs</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>04/26/01</i>	Payee name <i>P. A. Flores</i> Payee address; City; State; Zip Code <i>Lanzamuna St. - SAT 78221</i>	Amount (\$) <i>\$84.00</i>
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>04/02/01</i>	Payee name <i>Dr. Copy</i> Payee address; City; State; Zip Code <i>S. W. Tx.</i>	Amount (\$) <i>\$225.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Copy Mach. Repair</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

Antoinette "Toni" Marhouse

3 ACCOUNT # (Ethics Commission File #):

2001 APR 30 4:28 PM
CITY OF SAN ANTONIO
CITY CLERK

4 Date

5 Business name

7 Amount (\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



CREDITS (optional)RECEIVED
CITY OF SAN ANTONIO
CITY CLERK**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR 30

1 Total pages, Schedule K:
A 9:28

1 of 1

2 FILER NAME

Antionette "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)**4 Date****5 Payor name****8**Amount
(\$)**6 Payor address;** City; State; Zip Code**7 Reason for credit**

Date

Payor name

Amount
(\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount
(\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount
(\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount
(\$)

Payor address; City; State; Zip Code

Reason for credit

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

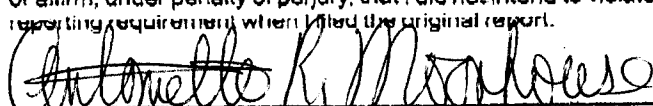





CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

See backside for instructions

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

1 ACCOUNT #	2 Total pages filed: 2001 MAY 24 P 4-31																		
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 30%;">FIRST</td> <td style="width: 30%;">MI</td> <td style="width: 10%;"></td> </tr> <tr> <td></td> <td>Ms. Antonie Hc</td> <td></td> <td></td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td colspan="2">SUFFIX</td> </tr> <tr> <td>"Toni"</td> <td>Merhouse</td> <td colspan="2"></td> </tr> </table>	TITLE	FIRST	MI			Ms. Antonie Hc			NICKNAME	LAST	SUFFIX		"Toni"	Merhouse				
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NICKNAME	LAST	SUFFIX																	
"Toni"	Merhouse																		
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6 EXPLANATION OF CORRECTION	<p style="font-size: 1.2em;">Monies Candidate claimed to campaign not reported previously, \$2000.00 Misc-Expenses</p>																		
7 AFFIDAVIT	<p>I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.</p> <p style="text-align: center;">  Signature of Candidate or Officeholder </p>																		
<p>Sworn to and subscribed before me by <u>Antoniette "Toni" Merhouse</u> this the <u>24</u> day of <u>May</u>, 20<u>01</u>.</p> <p>to certify which, witness my hand and seal of office.</p>																			
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**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**



Printed on recycled paper

(Revised 05/11/2000)

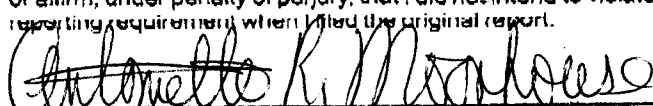



TOTAL P.03

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

See backside for instructions

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

1 ACCOUNT #	2 Total pages filed: 2001 MAY 24 P 4-31																		
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**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**



Printed on recycled paper

(Revised 05/11/2000)

TOTAL P.03

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

32

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
Mrs. Antoniette R.
NICKNAME LAST SUFFIX
"Toni" Moorhouse

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE

4126 Valleyfield
San Antonio, Tx. 78222

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
Mrs. Theodora
NICKNAME LAST SUFFIX
"Teddy" Hummel

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE

510 Fay Ave. - San Antonio, Tx. 78211

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(210) 923-7196

8 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year Month Day Year

01/01/01 THROUGH 03/31/01

10 ELECTION

ELECTION DATE

Month Day Year

05/05/01

ELECTION TYPE

☐ Primary

☐ Runoff

☒ General

☐ Special

11 OFFICE

OFFICE HELD (if any)

N/A

OFFICE SOUGHT (if known)

City Council Dist. 3

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

Address / PO Box: Apt. / Suite #: City: State: Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Antoinette "Toni" Moorhouse

15 ACCOUNT # (Ethics Commission files)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

(3/10 Fundraiser #2250⁰⁹; 3/31 Fundraiser #1500⁰⁹)\$ 3,750⁰⁹ CTR Sales

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

(Incl. In Kind Values)

\$ 9,345⁰⁹EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

(Incl. Below Item #4)

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 8,873.13

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ — 0

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Antoinette "Toni" Moorhouse
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP HEREABOUTS

Sworn to and subscribed before me, by the said *Antoinette "Toni" Moorhouse* this *6th* day of *April*, 20 *01*, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

1 of 12

2 FILER NAME

Antionette "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission files)

4 Date

01/31/01

5 Full name of contributor

☐ out-of-state PAC (ID#)

Rita Thompson

6 Contributor address; City; State; Zip Code

San Antonio, Tx. 78247

7 Amount of contribution (\$)

\$800.00

8 In-kind contribution description (if applicable)

Copy Machine (pre-owned)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

01/31/01

Full name of contributor

☐ out-of-state PAC (ID#)

Terri Ramirez

Contributor address; City; State; Zip Code

San Antonio, Tx. 78237

Amount of contribution (\$)

\$350.00

In-kind contribution description (if applicable)

Desk, Chair and Credenza

Principal occupation (Optional)

Employer (Optional)

Date

01/31/01

Full name of contributor

☐ out-of-state PAC (ID#)

M. and S. Luter

Contributor address; City; State; Zip Code

San Antonio, Tx. 78247

Amount of contribution (\$)

\$650.00

In-kind contribution description (if applicable)

Computer

Principal occupation (Optional)

Employer (Optional)

Date

03/15/01

Full name of contributor

☐ out-of-state PAC (ID#)

H. Fears

Contributor address; City; State; Zip Code

San Antonio, Tx. 78210

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Refrigerator

Principal occupation (Optional)

Employer (Optional)

Date

02/01

Full name of contributor

☐ out-of-state PAC (ID#)

Terry Garcia

Contributor address; City; State; Zip Code

San Antonio, Tx. 78222

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

Fax/Copy machine

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

Total pages this Schedule A1:

2 of 12

2 FILER NAME

Antoinette "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

03/09/01

5 Full name of contributor

H. Fears

☐ out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

San Antonio, Tx 78210

7 Amount of contribution (\$)

\$ 45.00

8 In-kind contribution description (if applicable)

Built Counter (16'x3')

9 Principal occupation (Optional)

10 Employer (Optional)

Date

03/03/01

Full name of contributor

Rose Zuehl

Contributor address; City; State; Zip Code

San Antonio, Tx 78221

Amount of contribution (\$)

\$ 35.00

In-kind contribution description (if applicable)

Plants for office

Principal occupation (Optional)

Employer (Optional)

Date

04/04/01

Full name of contributor

Gracie Acuna

Contributor address; City; State; Zip Code

San Antonio, Tx

Amount of contribution (\$)

\$ 75.00

In-kind contribution description (if applicable)

Desk

Principal occupation (Optional)

Employer (Optional)

Date

03/10/01

Full name of contributor

Johnny Seguin, D.J.

Contributor address; City; State; Zip Code

San Antonio, Tx

Amount of contribution (\$)

\$ 150.00

In-kind contribution description (if applicable)

Music for Grand Opening

Principal occupation (Optional)

Employer (Optional)

Date

03/24/01

Full name of contributor

Johnny Seguin, D.J.

Contributor address; City; State; Zip Code

S. A., Tx

Amount of contribution (\$)

\$ 150.00

In-kind contribution description (if applicable)

Music for Fundraiser

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

3 of 12

2 FILER NAME

Antoinette "Toni" Markhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

03/16/01

5 Full name of contributor

☐ out-of-state PAC (ID#)

S. Luehl (Shaleigh)

6 Contributor address; City; State; Zip Code

S. A., Tx. 78237

7 Amount of contribution (\$)

\$102.00

8 In-kind contribution description (if applicable)

3 rolls
stamps

9 Principal occupation (Optional)

10 Employer (Optional)

Date

03/09/01

Full name of contributor

☐ out-of-state PAC (ID#)

Yulanee McKnight

Contributor address; City; State; Zip Code

S. A., Tx. 78222

Amount of contribution (\$)

\$34.00

In-kind contribution description (if applicable)

1 roll
stamps

Principal occupation (Optional)

Employer (Optional)

Date

03/12/01

Full name of contributor

☐ out-of-state PAC (ID#)

Rose Luehl

Contributor address; City; State; Zip Code

S. A., Tx. 78221

Amount of contribution (\$)

\$34.00

In-kind contribution description (if applicable)

1 roll
stamps

Principal occupation (Optional)

Employer (Optional)

Date

03/31/01

Full name of contributor

☐ out-of-state PAC (ID#)

Terry Swan

Contributor address; City; State; Zip Code

S. A., Tx. 78221

Amount of contribution (\$)

\$65.00

In-kind contribution description (if applicable)

Sausage
for BBQ +
Beans

Principal occupation (Optional)

Employer (Optional)

Date

03/10/01

Full name of contributor

☐ out-of-state PAC (ID#)

Teddy Hummel

Contributor address; City; State; Zip Code

S. A., Tx. 78211

Amount of contribution (\$)

\$75.00

In-kind contribution description (if applicable)

Potato Salad +
Beans
for fundraiser
(Bud Jones)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.

Total pages this Schedule A1:

4 of 12

2 FILER NAME

Antenne He "Toni" Nordhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

02/08/01

5 Full name of contributor

☐ out-of-state PAC (ID#)

A. M. Lewis

6 Contributor address; City; State; Zip Code

S. A., Tx. 78237

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

Cell Phone

9 Principal occupation (Optional)

10 Employer (Optional)

Date

02/14-
03/31/01

Full name of contributor

☐ out-of-state PAC (ID#)

A. Fears

Contributor address; City; State; Zip Code

S. A., Tx. 78210

Amount of contribution (\$)

\$65.00

In-kind contribution description (if applicable)

Photography

Principal occupation (Optional)

Employer (Optional)

Date

03/31/01

Full name of contributor

☐ out-of-state PAC (ID#)

Elsa Arredondo

Contributor address; City; State; Zip Code

S. A., Tx. 78223

Amount of contribution (\$)

\$30.00

In-kind contribution description (if applicable)

Rice for Fundraiser

Principal occupation (Optional)

Employer (Optional)

Date

02/24/01

Full name of contributor

☐ out-of-state PAC (ID#)

Oralia Hernandez

Contributor address; City; State; Zip Code

S. A., Tx. 78210

Amount of contribution (\$)

\$55.00

In-kind contribution description (if applicable)

Balloons for Grand Opening

Principal occupation (Optional)

Employer (Optional)

Date

02/24/01

Full name of contributor

☐ out-of-state PAC (ID#)

A. Fears

Contributor address; City; State; Zip Code

S. A., Tx. 78210

Amount of contribution (\$)

\$35.00

In-kind contribution description (if applicable)

Refreshments for Gr. Opening

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

5 of 12

2 FILER NAME

Antoinette "Toni" Merrihouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

02/24/01

5 Full name of contributor

☐ out-of-state PAC (ID#)

Jesse Garcia

6 Contributor address; City; State; Zip Code

S.A., Tx. 78222

7 Amount of contribution (\$)

\$30.00

8 In-kind contribution description (if applicable)

Sodas, etc. (drinks) for Headquarters

9 Principal occupation (Optional)

10 Employer (Optional)

Date

02/08/01

Full name of contributor

☐ out-of-state PAC (ID#)

Patricia Marshall

Contributor address; City; State; Zip Code

602 Bluff Post - S.A.T. 78216

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

03/01-
03/31/01

Full name of contributor

☐ out-of-state PAC (ID#)

Albert & Gloria Triana

Contributor address; City; State; Zip Code

S.A., Tx. 78222

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Plates, Beans, Decorations for Fundraisers

Principal occupation (Optional)

Employer (Optional)

Date

02/08/01

Full name of contributor

☐ out-of-state PAC (ID#)

Yolanda Colebank

Contributor address; City; State; Zip Code

POB 201071 - SAT 78220

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

02/24/01

Full name of contributor

☐ out-of-state PAC (ID#)

Emily Hoch

Contributor address; City; State; Zip Code

606 Saipan - SAT 78221

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

12 Total pages this Schedule A1:

6 of 12

2 FILER NAME

Antoinette "Toni" Manhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

02/24/01

5 Full name of contributor

☐ out-of-state PAC (ID#)

Louise Mulhern

6 Contributor address; City; State; Zip Code

2822 E. Houston; SAT 78212

7 Amount of contribution (\$)

\$2500

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

02/22/01

Full name of contributor

☐ out-of-state PAC (ID#)

John P. Walker

Contributor address; City; State; Zip Code

163 Macgdoches-SAT 78209

Amount of contribution (\$)

\$2500

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

02/24/01

Full name of contributor

☐ out-of-state PAC (ID#)

Larry Ricketts

Contributor address; City; State; Zip Code

12290 Hwy. 181-SAT 78223

Amount of contribution (\$)

\$1000

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

02/24/01

Full name of contributor

☐ out-of-state PAC (ID#)

Charles & Dorothy Doyle

Contributor address; City; State; Zip Code

4423 Pecan Grove-SAT 78222

Amount of contribution (\$)

\$1000

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

02/26/01

Full name of contributor

☐ out-of-state PAC (ID#)

3 D/I PAC

Contributor address; City; State; Zip Code

1900 West Loop So. - Hous, TX 77027

Amount of contribution (\$)

\$500

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

102 Total pages this Schedule A1: 2011

2 FILER NAME

Antoinette "Tini" McManis

3 ACCOUNT # (Ethics Commission filers)

4 Date

03/06/01

5 Full name of contributor

H. F. Kears

☐ out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

304 Chickering - SAT 78210

7 Amount of contribution (\$)

\$500

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

03/06/01

Full name of contributor

Henry Troutz

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

4410 Irene - SAT 78222

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

03/07/01

Full name of contributor

Ellen Moreno

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

11339 Sendero - SAT 78233

Amount of contribution (\$)

\$500

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

03/11/01

Full name of contributor

Alex Mitchell

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

1114 E. Highland - SAT 78210

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

03/06/01

Full name of contributor

Judson Killian

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

418 Beryl - SAT 78213

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

8 of 12

2 FILER NAME

Antoinette "Toni" Manhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

03/12/01

5 Full name of contributor

☐ out-of-state PAC (ID#)

Arturo Cadena

6 Contributor address; City; State; Zip Code

1750 Schley - SAT 78210

7 Amount of contribution (\$)

\$10.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

03/24/01

Full name of contributor

☐ out-of-state PAC (ID#)

Sheet Metal Workers

Contributor address; City; State; Zip Code

130 Avenue Del Rey - SAT 78216

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

03/30/01

Full name of contributor

☐ out-of-state PAC (ID#)

Ken Rector

Contributor address; City; State; Zip Code

911 Timber - New Braunfels, Tx. 78130

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

03/28/01

Full name of contributor

☐ out-of-state PAC (ID#)

Paul R. Markey

Contributor address; City; State; Zip Code

200 Patterson - SAT 78209

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

03/30/01

Full name of contributor

☐ out-of-state PAC (ID#)

Mari Vickery Trammontin

Contributor address; City; State; Zip Code

49 Inwood Heights - SAT 78248

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

21 Total pages this Schedule A1:

9 of 12

2 FILER NAME

Antoinette "Toni" Marshall

3 ACCOUNT # (Ethics Commission filers)

4 Date

03/29/01

5 Full name of contributor

Mark LaVoy

☐ out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

2728 Dunwick- Plano, Tx. 75023

7 Amount of contribution (\$)

\$250.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

03/28/01

Full name of contributor

James Dublin

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

131 E. Elsmere - SAT 78212

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

03/27/01

Full name of contributor

Paul Foster

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

1815 Fieldstone - SAT 78232

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

03/31/01

Full name of contributor

J. Peters

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

247 E. Palfrey - SAT 78223

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

03/30/01

Full name of contributor

Jesse & Terry Garcia

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

4919 Pecan Grove - SAT 78222

Amount of contribution (\$)

\$350.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

10 of 12

2 FILER NAME

Antoinette He "Toni" Manhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

03/28/01

5 Full name of contributor

James Wells

☐ out-of-state PAC (ID#:

6 Contributor address; City; State; Zip Code

3409 Wimbledon-Cibola, TX 78108

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

03/27/01

Full name of contributor

Janelle Garnett

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

1923 Steves - SAT 78210

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

03/28/01

Full name of contributor

David Moody

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

18210 Crystal Ridge-SAT 78259

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

03/30/01

Full name of contributor

Patricia Marshall

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

602 Bluff Post-SAT 78216

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

03/30/01

Full name of contributor

Gene Hartman

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

283 Still Ridge-SAT 78163

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

Total pages this Schedule A1:

11 of 12

2 FILER NAME

Antoinette "Tini" Moonhouse

3 ACCOUNT # (Ethics Commission files)

4 Date

03/10/01

5 Full name of contributor

☐ out-of-state PAC (ID#)

Louis Esquirel

6 Contributor address; City; State; Zip Code

6791 Pittman - Adkins, Tx 78101

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

03/11/01

Full name of contributor

☐ out-of-state PAC (ID#)

Ralph Zendejas

Contributor address; City; State; Zip Code

726 Ware - SAT 78221

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

03/11/01

Full name of contributor

☐ out-of-state PAC (ID#)

Thelma Ramsey

Contributor address; City; State; Zip Code

531 Rice - SAT 78220

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

03/11/01

Full name of contributor

☐ out-of-state PAC (ID#)

Louise Mulhern

Contributor address; City; State; Zip Code

2822 E. Houston - SAT 78202

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

03/11/01

Full name of contributor

☐ out-of-state PAC (ID#)

Sandra Watson

Contributor address; City; State; Zip Code

9441 Old EC Hwy - SAT 78223

Amount of contribution (\$)

\$20.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

12 of 12

2 FILER NAME

Antoinette "Toni" Monhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

03/29/01

5 Full name of contributor

☐ out-of-state PAC (ID#)

Graphic Commun. Inc. 737

6 Contributor address; City; State; Zip Code

P.O. Box 10241-SAT 78210

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

03/11/01

Full name of contributor

☐ out-of-state PAC (ID#)

Joy Javior

Contributor address; City; State; Zip Code

13120 Hwy 87 E-Adkins, TX 78101

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

03/12/01

Full name of contributor

☐ out-of-state PAC (ID#)

Paul Javior

Contributor address; City; State; Zip Code

13120 Hwy 87 E-Adkins, TX 78101

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Buttons

Principal occupation (Optional)

Employer (Optional)

Date

02/24/01

Full name of contributor

☐ out-of-state PAC (ID#)

Paul Javior

Contributor address; City; State; Zip Code

13120 Hwy 87-Adkins, TX 78101

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Buttons

Principal occupation (Optional)

Employer (Optional)

Date

03/19/01

Full name of contributor

☐ out-of-state PAC (ID#)

Anton Dylla

Contributor address; City; State; Zip Code

170 Prestwick-SAT 78223

Amount of contribution (\$)

\$600.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



PLEDGED CONTRIBUTIONS**SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

1 of 1

2 FILER NAME

Antionette "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

6 Full name of pledgor

☐ out-of-state PAC (ID#:8 Amount of
pledge (\$)9 In-kind description
(if applicable)

7 Pledgor address; City; State; Zip Code

MA

10 Principal occupation (optional)

11 Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1. Total pages Schedule E:

2 FILER NAME

Antoinette "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

7 Name of lender

☐ out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Description of Collateral

☐ none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

☐ not applicable

15 Guarantor address; City; State; Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 10/12

2 FILER NAME

Antionette "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

02/21/01

5 Payee name

K-Mart

6 Payee address;

City; State; Zip Code

Goliad Rd.; SAT 78223

7

Amount
(\$)

\$ 111.84

8 Purpose of payment (See instructions regarding type of information required.)

Office Supplies &
Cartridges for Printers

9

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

02/19/01

Payee name

K-Mart

Payee address;

City; State; Zip Code

Goliad Rd. - SAT 78223

Amount
(\$)

\$ 43.54

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

02/19/01

Payee name

Dollar Tree

Payee address;

City; State; Zip Code

So. New Braunfels; SAT 78223

Amount
(\$)

\$ 60.42

Purpose of payment (See instructions regarding type of information required.)

Misc Cleaning, Office Supp &
Containers, Table Covers, etc.

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

03/31/01

Payee name

Family Dollar

Payee address;

City; State; Zip Code

Goliad Rd. - SAT 78223

Amount
(\$)

\$ 51.28

Purpose of payment (See instructions regarding type of information required.)

Easter Candy, Bowls to
be given to various groups

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 20/12

2 FILER NAME

Antoinette "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

04/02

5 Payee name

Farm Dollar

6 Payee address; City; State; Zip Code

Goliad Rd. - SAT 78223

7 Amount (\$)

\$48.71

8 Purpose of payment (See instructions regarding type of information required.)

Give aways (candy) for Highland Park Jr. A. Jefe Booth

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

03/23

Payee name

Albertsons

Payee address; City; State; Zip Code

E. Southcross - S.A., Tx. 78223

Amount (\$)

\$43.73

Purpose of payment (See instructions regarding type of information required.)

Food & Drinks, etc. for Office

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

03/01

Payee name

Wal Mart

Payee address; City; State; Zip Code

S.W. Military - SAT 78221

Amount (\$)

\$144.89

Purpose of payment (See instructions regarding type of information required.)

Thx you cards; HP Printer; Bookcase

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

03/05/01

Payee name

Wal Mart

Payee address; City; State; Zip Code

S.W. Military - SAT 78221

Amount (\$)

\$32.73

Purpose of payment (See instructions regarding type of information required.)

Misc. supplies for Hqtrs.

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 30/12

2 FILER NAME

Antonieta "Toni" Manhouse

3 ACCOUNT # (Ethics Commission files)

4 Date

02/24/01

5 Payee name

H E B

7 Amount (\$)

\$48.84

6 Payee address; City; State; Zip Code

So. New Braunfels; SAT 78223

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

03/14

Payee name

H. E. B.

Amount (\$)

\$13.99

Payee address; City; State; Zip Code

So. New Braunfels; SAT 78223

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

04/02

Payee name

Wal Mart

Amount (\$)

\$41.62

Payee address; City; State; Zip Code

S. E. Mil. Dr. - SAT 78221

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

2/19/01

Payee name

K-Mart

Amount (\$)

\$57.01

Payee address; City; State; Zip Code

Coliad Rd - SAT 78223

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME

Antenette He "Toni" Moonhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

03/29/01

5 Payee name

Office Max

6 Payee address;

City; State; Zip Code

"The Quarry" - SAT 78216

7 Amount (\$)

\$140.71

8 Purpose of payment (See instructions regarding type of information required.)

Fax Paper Rolls, Paper,
Fax Cartridge, Printer Cartridge

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

02/20-

03/3/01

Payee name

U.S. Post Office

Payee address;

City; State; Zip Code

Clark Ave. - SAT 78223

Amount (\$)

\$390.70

Purpose of payment (See instructions regarding type of information required.)

Postage

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

02/19/01

Payee name

AEB

Payee address;

City; State; Zip Code

Sor. Jew Braundels - SAT 78223

Amount (\$)

\$44.11

Purpose of payment (See instructions regarding type of information required.)

Office Supp + Sr. Residents
Items for handouts (Volent)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

02/20/01

Payee name

AEB

Payee address;

City; State; Zip Code

Sor. Jew Braundels - SAT 78223

Amount (\$)

\$59.06

Purpose of payment (See instructions regarding type of information required.)

Refresh - Gr. Opening
and Water (Bottled)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

50/12

2 FILER NAME

Antoinette "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

03/01

5 Payee name

H.E.B.

6 Payee address; City; State; Zip Code

Goliad Rd - SAT 78223

7 Amount (\$)

\$ 42.37

8 Purpose of payment (See instructions regarding type of information required.)

Refreshments
for Coffees9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

02/10 -

03/24/01

Payee name

Albertson's

Payee address; City; State; Zip Code

E. Southcross - SAT 78223

Amount (\$)

\$ 80.38

Purpose of payment (See instructions regarding type of information required.)

Refresh. for
Block walkers-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

03/24/01

Payee name

Taqueria Alto Jalisco

Payee address; City; State; Zip Code

E. Southcross - SAT 78222

Amount (\$)

\$ 37.88

Purpose of payment (See instructions regarding type of information required.)

Tacos for
Blockwalkers-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

02/18 -

03/31/01

Payee name

Jesse Piña Jr.

Payee address; City; State; Zip Code

San Antonio Tx (Zarzamora)

Amount (\$)

\$ 332.07

Purpose of payment (See instructions regarding type of information required.)

Blockwalking

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

6 of 12

2 FILER NAME

Antoinette "Toni" Muenhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

02/18-
03/31/01

5 Payee name

Jesse Piña Sr.

6 Payee address; City; State; Zip Code

Zarzamora St. - SAT

7 Amount (\$)

\$442.00

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

02/18-
03/31/01

Payee name

J. Solis

Payee address; City; State; Zip Code

Gille He - SAT 78221

Amount (\$)

\$274.00

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

03/01-
03/31/01

Payee name

C. Rendon

Payee address; City; State; Zip Code

Mitchell St. - SAT 78210

Amount (\$)

\$36.00

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

03/09/01

Payee name

Big Lots

Payee address; City; State; Zip Code

Goliad Rd - SAT 78223

Amount (\$)

\$7.54

Purpose of payment (See instructions regarding type of information required.)

Utensils for Fundraiser

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME

Antoinette "Toni" Moonhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

03/10/01

5 Payee name

Pit Stop

7 Amount (\$)

\$51.19

6 Payee address; City; State; Zip Code

Rigsby - SAT 78220

8 Purpose of payment (See instructions regarding type of information required.)

Ice for Fundraiser

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

03/07-
03/10/01

Payee name

H.E.B.

Amount (\$)

\$124.71-

Payee address; City; State; Zip Code

So. Chew Braunkfels - SAT 78223

Purpose of payment (See instructions regarding type of information required.)

Fundraiser needs

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

03/07-
03/10/01

Payee name

Albertson's

Amount (\$)

\$61.33

Payee address; City; State; Zip Code

E. Southcross - SAT 78223

Purpose of payment (See instructions regarding type of information required.)

Fundraiser needs

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

03/10/01

Payee name

S.A. Metro. Health

Amount (\$)

\$20.60

Payee address; City; State; Zip Code

E. Commerce - SAT 78205

Purpose of payment (See instructions regarding type of information required.)

Permit

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

3 Total pages Schedule

2 FILER NAME

Antoinette "Toni" Markhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

03/07/01

5 Payee name

Pilgrim

7 Amount (\$)

\$378.00

6 Payee address; City; State; Zip Code

Roosevelt - S.A.T. - 78210

8 Purpose of payment (See instructions regarding type of information required.)

Chicken for BBQ

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

03/07/01

Payee name

Toudouze Groc.

Amount (\$)

\$32.28-

Payee address; City; State; Zip Code

SAT

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

03/08/01

Payee name

A-1 Rental

Amount (\$)

\$99.25

Payee address; City; State; Zip Code

Hot Wells - SAT 78223

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

02/28/01

Payee name

S.W. Bell Tele.

Amount (\$)

\$415.00

Payee address; City; State; Zip Code

Beaumont, Tx 77701

Purpose of payment (See instructions regarding type of information required.)

Phones for Office

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

04 Total pages Schedule F:

9 of 12

2 FILER NAME

Antoinette "Toni" Monahan

3 ACCOUNT # (Ethics Commission filers)

4 Date

02/08-
03/31/01

5 Payee name

Verizon

6 Payee address; City; State; Zip Code

Sunset St. - SAT 78216

7 Amount (\$)

\$425.00

8 Purpose of payment (See instructions regarding type of information required.)

Cell Phone Svc.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

03/31/01

Payee name

S.A. Metro. Health

Payee address; City; State; Zip Code

E. Commerce - SAT 78205

Amount (\$)

\$20.60

Purpose of payment (See instructions regarding type of information required.)

BBQ Fundraiser

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

03/20/01

Payee name

City Clerk - City of S.A.

Payee address; City; State; Zip Code

So. Flores St. - SAT 78205

Amount (\$)

\$100.00

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

02/05-

03/31/01

Payee name

Robert Schafer

Payee address; City; State; Zip Code

% Highland Hills Center - SAT 78223

Amount (\$)

\$500.00

Purpose of payment (See instructions regarding type of information required.)

Off Rent @ \$250.00 per month for 2 mos.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F:

10 of 12

2 FILER NAME

Antoinette "Toni" MacMurre

3 ACCOUNT # (Ethics Commission filers)**4 Date**

02/01/01

5 Payee name

Southside Reporter

6 Payee address; City; State; Zip Code

Hackberry St. - SAT 78210

7 Amount (\$)

\$545.00

8 Purpose of payment (See instructions regarding type of information required.)

Advertising

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held**Date**

02/13/01

Payee name

David's Autographics

Payee address; City; State; Zip Code

Somerset, Tx 78069

Amount (\$)

\$1548.00

Purpose of payment (See instructions regarding type of information required.)

Signs & Signage for Office Front

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held**Date**

02/15/01

Payee name

Munguia Printers

Payee address; City; State; Zip Code

Buena Vista - SAT 78207

Amount (\$)

\$91.79

Purpose of payment (See instructions regarding type of information required.)

Postcards

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held**Date**

02/27/01

Payee name

Print & Copy

Payee address; City; State; Zip Code

E. Southcross - SAT 78222

Amount (\$)

\$92.23

Purpose of payment (See instructions regarding type of information required.)

Copies of Flyers

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 11 of 12

2 FILER NAME

Antoinette Monhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

03/07/01

David's Autographics

6 Payee address; City; State; Zip Code

Somerset, Tx.

270.63

8 Purpose of payment (See instructions regarding type of information required.)

Signs

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

03/08/01

Kinko's

Payee address; City; State; Zip Code

Broadway - SAT 78209

66.16

Purpose of payment (See instructions regarding type of information required.)

Printing

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

03/15/01

Munguia

Payee address; City; State; Zip Code

Buena Vista - SAT 78207

909.30

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

03/21/01

Polish Amer. Center

Payee address; City; State; Zip Code

Mission Rd. - SAT 78214

100.00

Purpose of payment (See instructions regarding type of information required.)

Dep. for Hall
for fundraiser

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES

SCHEDULE F

0128R-6 0112-04

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

12 of 12

2 FILER NAME

Antoinette "Toni" Monhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

03/01-
03/31/01

Elec. Supp. Svcs.

6 Payee address; City; State; Zip Code

S.W. Mil. Dr. - SAT

172.07

8 Purpose of payment (See instructions regarding type of information required.)

Walk Lists

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

03/30/01

Munguia's

Payee address; City; State; Zip Code

Buena Vista - SAT 78207

118.66

Purpose of payment (See instructions regarding type of information required.)

Remit Env.'s

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

03/31/01

La Escuela de las Americas

Payee address; City; State; Zip Code

Buena Vista - SAT 78207

205.51

Purpose of payment (See instructions regarding type of information required.)

Desk chair and
misc. chairs - floor
mats, etc for office

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

02/01

C.P.S. City Public Svc.

Payee address; City; State; Zip Code

S.A.T.

75.07

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: **10/1**

2 FILER NAME

Antoinette He "Toni" Monhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8 Amount
(\$)

6 Payee address; City; State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement
from political
contributions
intended

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement
from political
contributions
intended

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement
from political
contributions
intended

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement
from political
contributions
intended

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement
from political
contributions
intended

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The instruction Guide explains how to complete this form.

1 Total pages Schedule H:

10 of 1

2 FILER NAME

Antoinette "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount
(\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

NAME Antoinette "Toni" Markhouse

3 ACCOUNT # (Ethics Commission filers)

4	Date	5	Payee name	8	Amount (\$)
		6	Payee address; City; State; Zip Code		
	7	Purpose of expenditure (See instructions regarding type of information required.)			
	Date		Payee name		Amount (\$)
			Payee address; City; State; Zip Code		
		Purpose of expenditure (See instructions regarding type of information required.)			
	Date		Payee name		Amount (\$)
			Payee address; City; State; Zip Code		
		Purpose of expenditure (See instructions regarding type of information required.)			
	Date		Payee name		Amount (\$)
			Payee address; City; State; Zip Code		
		Purpose of expenditure (See instructions regarding type of information required.)			
	Date		Payee name		Amount (\$)
			Payee address; City; State; Zip Code		
		Purpose of expenditure (See instructions regarding type of information required.)			

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CREDITS (optional)**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

Antoinette "Toni" Manhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payor name

8 Amount (\$)

6 Payor address; City; State; Zip Code

7 Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

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